



## Dixon Area Chamber of Commerce

chamber@dixonchamberofcommerce.com  
PO Box 817  
Dixon MO 65459

### Membership Application

Membership Year: \_\_\_\_\_

Membership type:  Business/Organization (\$45)  Individual (\$25)  Non-profit (Free)

\*free members are open to all Chamber benefits except voting privileges and ability to run for board positions. Those are for paid memberships only.

Business/Organization Name (if business/organization member):

\_\_\_\_\_

Rep. Name: \_\_\_\_\_

Individual Name (if individual member): \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your business have social media?  Facebook  Instagram

Contact Preference:  E-mail  Text

Reason for joining: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Representative: \_\_\_\_\_

\*Return application with membership fee to our PO Box above or bring it to our monthly meeting. Feel free to reach out to our email or facebook page with questions.

Chamber Use Only: Date Pd \_\_\_\_\_ Amt Pd \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Rc'd by \_\_\_\_\_