

Dixon Area Chamber of Commerce

Mail form & check to PO Box 817, Dixon MO 65459

or fill it out online at: www.dixonchamberofcommerce.com/join-the-chamber

Business (or Individual) Name:

Physical Address:

Mailing Address:

Business email Website UL

Phone:

Fax:

Cell:

Email Address:

Website URL:

Social Media: Facebook, Instagram, Twitter, etc.

Business Representative / Contact

Phone:

Fax:

Cell:

Email Address:

Brief Description of Business:

By returning this application I request membership in the Dixon Area Chamber of Commerce.

I understand the membership year runs from May 1st to April 30th.

The membership fee is:

Non-Profit	\$25.00	Individual	\$25.00
Business	\$45.00	HS Student	\$1.00

Dixon Area Chamber of Commerce Website Business Information Directory Listing

Show Information on Website	Yes	No		Yes	No
Business Name	<input type="checkbox"/>	<input type="checkbox"/>	Business Email	<input type="checkbox"/>	<input type="checkbox"/>
Owner Name	<input type="checkbox"/>	<input type="checkbox"/>	Website URL	<input type="checkbox"/>	<input type="checkbox"/>
Business Physical Address	<input type="checkbox"/>	<input type="checkbox"/>	Business Description	<input type="checkbox"/>	<input type="checkbox"/>
Business Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>			
Business Phone Number	<input type="checkbox"/>	<input type="checkbox"/>	Business Fax Number	<input type="checkbox"/>	<input type="checkbox"/>

Chamber Use Only:

Date Received: _____ Amount Paid _____ Paid By Check # _____ or CASH _____

Email Group: _____ Website: _____ Excel: _____ Certificate: # _____ Date Mailed: _____

Chamber Member Signature when Complete: _____ Date: _____