

**CHARLESTON CHAMBER OF COMMERCE & TOURISM
2024 MEMBERSHIP APPLICATION**

Please complete the application and return it with your membership dues to:

Charleston Chamber of Commerce & Tourism 110 South Main St Charleston, MO 63834

Membership Name: _____

Mailing Address: _____

Physical Address (if different): _____

Contact Individual: _____ Phone: _____

Email Address: _____

Membership Fee Schedule

Non-profits, Clubs, Organizations, Individuals	\$35
Couples	\$40
Businesses with 1 to 5 employees	\$50
Businesses with 6 to 10 employees	\$75
Businesses with 11 to 50 employees	\$125
Businesses with 51 employees or more	\$200

What, if any, further financial contributions are you willing to make?

		Monthly, Quarterly, Annually, 1 Time	
Building Fund	Any	Payable (_____)*	Write in your pledge \$_____
Dogwood-Azalea Fund	Any	Payable (_____)*	Write in your pledge \$_____
Christmas Parade Fund	Any	Payable (_____)*	Write in your pledge \$_____
Advertising Fund	Any	Payable (_____)*	Write in your pledge \$_____
Operating Fund	Any	Payable (_____)*	Write in your pledge \$_____

Thank you for your consideration but most of all, *thank you for your support!*

- Pledges on a monthly, quarterly, annual, or one-time only basis are sincerely appreciated and will be invoiced.