



St. Louis Regional Chamber

Membership Application

Business Information

Company Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____ Number of Employees _____ Year Established _____

Company Email: _____

Website: _____

Company Headquarters Minority-Owned Woman-Owned Not-For-Profit

Description of Business (10-word Maximum) _____

Facebook _____ Twitter Handle _____ LinkedIn _____

Annual Regional Investment

Please enter company representatives on the following page

****Please check appropriate box**

Business Memberships (1-299 employees)		
Contact: Judy Schrum 314-444-1190		
<input type="checkbox"/>	Number of Employees	Price
<input type="checkbox"/>	1 to 10	\$550
<input type="checkbox"/>	11 to 25	\$670
<input type="checkbox"/>	26 to 50	\$740
<input type="checkbox"/>	51 to 75	\$805
<input type="checkbox"/>	76 to 99	\$1,155
<input type="checkbox"/>	100 to 150	\$1,340
<input type="checkbox"/>	151 to 299	\$2,150

Payment Options:

(Make checks payable to: St. Louis Regional Chamber)

Check Enclosed Credit Card Name (as it appears on Card) _____

Card Number: _____

Exp. Date: _____ Security Code: _____ Billing Zip Code: _____

Signature _____

Membership dues must be paid in full. Investments may be tax deductible as a necessary business expense but are not deductible as a charitable contribution. However, 35% of your investment is a non-deductible lobbying expense.

The St. Louis Regional Chamber also makes its membership list available for sale to Members.

Check here if you do NOT want your company included in any list for sale

Please return this application with your first annual investment to: Judy Schrum Email: jschrum@stlregionalchamber.com

St. Louis Regional Chamber 211 N. Broadway Suite 1300 St. Louis, MO 63102

Website: www.stlregionalchamber.com Twitter: @STLRegChamber

Facebook: www.facebook.com/STLRegChamber

Contact Information

Main Representative:

Name _____

Title _____

Individual Email _____ Phone _____

Check all that you have an interest in: Workforce Development Economic Development Public Policy
 Diversity and Inclusion Entrepreneurship and Innovation

Employee One:

Name _____

Title _____

Individual Email _____ Phone _____

Check all that you have an interest in: Workforce Development Economic Development Public Policy
 Diversity and Inclusion Entrepreneurship and Innovation

Employee Two:

Name _____

Title _____

Individual Email _____ Phone _____

Check all that you have an interest in: Workforce Development Economic Development Public Policy
 Diversity and Inclusion Entrepreneurship and Innovation

Employee Three:

Name _____

Title _____

Individual Email _____ Phone _____

Check all that you have an interest in: Workforce Development Economic Development Public Policy
 Diversity and Inclusion Entrepreneurship and Innovation

Employee Four:

Name _____

Title _____

Individual Email _____ Phone _____

Check all that you have an interest in: Workforce Development Economic Development Public Policy
 Diversity and Inclusion Entrepreneurship and Innovation

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