

2024 OWENSVILLE CHAMBER OF COMMERCE MEMBERSHIP & SPONSOR PACKAGE

Business: _____ Number of Employees: _____

Representative: _____ Title: _____

Second Representative (if applicable) _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax: _____ Cell: _____

E-Mail Address: _____ Website: _____

(Please include e-mail since it is our primary means of communication with members.)

Year Business Established: _____ Year You Acquired the Business: _____

MARK TYPE of MEMBERSHIP

Small Business \$ 100
(less than 20 employees – 1 meal per meeting – 1 vote)

Large Business \$ 200
(21 or more employees – 2 meals per meeting – 1 vote)

Additional Associate \$ 75
(after primary membership - 1 meal – no vote)

Friends of the Chamber \$ 75
(Non-business Individual - 1 meal per meeting – 1 vote)



MARK OPTIONAL SPONSORSHIP

Premier Event Sponsor \$ 225

Deluxe Event Sponsor \$ 175

Diamond Event Sponsor \$ 95

TOTAL AMOUNT ENCLOSED: \$ _____

(Type of membership and optional sponsorship)

Please mail to: Owensville Chamber of Commerce
P.O. Box 77, Owensville, MO 65066
or place in the drop box by the Peters Street entrance to the Chamber Office

Please submit Event Sponsorship choice(s) by **January 30th** to ensure recognition at all events
Serving on a Committee is another great way to support your community
email: chamber1@fidnet.com for more information