PARIS AREA
CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

225 N. Main St. Paris Missouri 65275 | (660)327-3508
ParisAreaChamber.com | Email: info@parisareachamber.com

Company Profile Information

Business Name

Display As/DBA

Address

City **Zipcode**

Contact Person

Phone Number **Alternate Phone Number**

E-Mail

Join our Chamber email list : ◯ **Yes** ◯ **No**

Website

Billing Information | ☐ SAME AS ABOVE

Name

Mailing Address

City

Phone Number

Email

Phone Number

By signing this document, I agree to join the Paris Area Chamber of Commerce. Annual membership fees are non-refundable. Membership will be automatically invoiced for renewal on an annual basis unless I receive notice of termination.

Signature

Print Name

Date

MEMBERSHIP APPLICATION

Paris Area Chamber of Commerce

We continue to seek positive input to build and grow the Chamber - please answer the following in a constructive manner.

Do you have any interest in serving as a board member, should an opening arise? ◯ Yes ◯ No

Do you have interest in serving on a committee for one or more of the events that we host? ◯ Yes ◯ No

List 3 ways you think the Chamber can assist you with your business:

1.
2.
3.

Interested in hosting a Chamber Coffee Mixer (First Friday of the Month: 7 - 8 AM)? ◯ Yes ◯ No

List what you think the Chamber should sponsor/participate in to benefit the local businesses:

Do you host events the Chamber could assist with? ◯ Yes ◯ No

Would you like to see an annual meeting for Chamber members/community? ◯ Yes ◯ No

List any other ideas of how the Chamber can better serve local Chamber Member businesses:

MEMBERSHIP CATEGORIES

- ☐ Financial
- ☐ Professional
- ☐ Healthcare
- ☐ Restaurant
- ☐ Retail
- ☐ School
- ☐ Daycare
- ☐ Utility
- ☐ Real Estate
- ☐ Hotel
- ☐ Media
- ☐ Service
- ☐ Manufacturing
- ☐ Civic Club/Non-Profit
- ☐ Individual
- ☐ Other:

HOSTING OPPORTUNITIES

- ☐ Open House
- ☐ Ribbon Cutting /'1 Dollar Recognition
- ☐ Coffee Mixer Host

MEMBERSHIP APPLICATION

Paris Area Chamber of Commerce

Membership Invitation

The Paris Area Chamber of Commerce is the leading advocate for businesses in Paris and the surrounding area, representing local businesses and employees actively engaged in growing our area's economy. Our strength lies in our membership, which serves as a resource of ideas, manpower and talents from which our community can draw. You are encouraged to attend our events and take advantage of our benefits. We would love to partner with you and look forward to an exciting 2026!

**** Check out our website for more information ****

Membership Dues

Non-Profit / Personal	**$50**
Business (5 or less employees)	**$100**
Business (6 or more employees)	**$150**
Additional Businesses with same owner	**$25**

NEW Membership AUTO-DEBIT Feature:

IF elected, your Annual Membership Dues will debit on the -1st Business Day of February each year

***Attached is an auto-debit form to complete and attach a voided check, if you elect auto-debuts it will be debited from your account on the first business day of February this year and any year after until revoke such authorization.
To revoke authorization, email or call the Chamber***

DEADLINE for Dues is March 1st.
If after deadline business may not be included in the annual Chamber brochure.

Mail payment or debit form to: 225 N. Main, Paris, MO 65275

PLEASE COMPLETE INFORMATION ON BACK AND RETURN WITH A VOIDED CHECK.

MEMBERSHIP APPLICATION

Paris Area Chamber of Commerce

Debit Authorization

I (we) hereby authorize the Paris Area Chamber of Commerce, hereinafter referred to as "Chamber", to initiate electronic debit entries to my (our) account indicated below and the financial institution named below, hereinafter called "Financial Institution."

I authorize $ _____ annually to be debited from my account on the 1st business day of February each year. The Chamber will notify you 30 days in advance if the annual dues for Chamber membership change or the date of debit changes. I (we) acknowledge the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

FINANCIAL INSTITUTION INFORMATION

_____

(Financial Institution Name)

_____ | _____

(Physical Address)(City/State) (Zip)

Routing Number: _____

Account Number: _____

Type of Account: ☐ Checking ☐ Savings

AUTHORIZATION

This authority is to remain in full force and effect until the Chamber has received written notification from me (or either of us) of its termination in such time and manner as to afford the Chamber and Financial Institution a reasonable opportunity to act on it.

_____ _____

(Print Individual Name) (Signature)

_____ _____

(Business/Organization Name) (Date)

PLEASE ATTACH COPY OF VOID CHECK TO THIS FORM

Place Voided Check Here

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Paris Area Chamber of Commerce

GET THE MOST OUT OF YOUR CHAMBER MEMBERSHIP

Coffee Mixers – First Friday

- **Join us or be a host the First Friday of every month from 7:00 - 8:00 am to network with other community members and the current Chamber member host!**
- **EVERYONE is welcome so bring yourself and a friend!**

Let's Get Social

- **Be sure to follow us on Facebook and give us your Facebook information so we can follow you as well! The Chamber makes regular Member spotlight posts featuring a current Chamber member. We will promote your business as well as share any job openings, specials or upcoming events you may have, just let us know!**

Event Sponsor

- **We have several opportunities for you to get YOUR name on an event or activity. With larger events such as Christmas is Caring, Chamber Coffee Mixers and the Fall Into Paris Festival, we want to promote your business!**

LET US KNOW HOW WE CAN HELP GROW YOUR BUSINESS!