

**MEMBERSHIP APPLICATION RENEWAL**

Date \_\_\_/\_\_\_/\_\_\_

Business or Firm \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Contact Person \_\_\_Mr. \_\_\_Mrs. \_\_\_Ms. \_\_\_Dr. \_\_\_\_\_

\_\_\_\_\_

Title \_\_\_\_\_

Number of Employees \_\_\_\_\_ Full-Time \_\_\_\_\_ Part Time

Business Classification \_\_\_\_\_

Membership Dues \_\_\_\_\_

Associate Membership Dues \_\_\_\_\_

Scholarship Fund Donation \_\_\_\_\_

Associate Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Email \_\_\_\_\_ Web Address \_\_\_\_\_

Please remit to:  
California Area Chamber of Commerce  
PO Box 85  
California, MO 65018

or fax to (573) 796-8309  
For more information, call (573) 796-3040  
Web Address: [www.calmo.com](http://www.calmo.com)