



2010 MEMBERSHIP APPLICATION

Date ___/___/___

Business or Firm _____

Business Address _____

Phone Number _____ Fax Number _____

Email _____ Web Address _____

Contact Person

Mr. ___ Mrs. ___ 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 _____

Email _____ Web Address _____

Please mail to
California Area Chamber of Commerce
PO Box 85
California, MO. 65018

For more information call
Phone (573) 796-3040
Fax (573) 796-8309
Website – www.calmo.com