

**DIXON AREA CHAMBER OF COMMERCE  
PO BOX 817  
DIXON, MO 65459**

**Membership Application/Renewal  
(Please print)**

**Membership Year:** \_\_\_\_\_

**Type of Membership:** ( ) \$45.00 Business ( ) \$25.00 Individual/Family  
(Members must be 18 to be a voting member)

**Name:** \_\_\_\_\_

**Proprietor (if business):** \_\_\_\_\_

**Contact Person and Title:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address (if different):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Business/Personal Email Address:** \_\_\_\_\_

(\_\_\_ Check if you do not want your email address published on the Dixon Area Chamber of Commerce's website)

**Web Address:** \_\_\_\_\_

(\_\_\_ Check if you do not want your web address published on the Dixon Area Chamber of Commerce's website)

**Signature and Title:** \_\_\_\_\_

**CHAMBER USE ONLY**

**Amount Received:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Type of Payment:** ( ) Cash ( ) Check ( ) Other

**Received By:** \_\_\_\_\_

**Treasurer/Membership Chair Signature:** \_\_\_\_\_