

VIENNA CHAMBER OF COMMERCE

ENROLLMENT FORM

2025 BUSINESS

For Chamber completion only:

Dues paid ___Y ___N Date Paid _____
Cash___ Square___ Paid by Ck#_____
Email/Excel Group___ Certificate___ Website_____

VCOC Contact Information

Business/Individual Name _____

Year you opened for business _____ What year did you become a VCOC member _____

Mailing Address _____

Contact Person _____

Email Address _____

Phone Number _____

Membership Classification (please check one):

Class 1 - Business or Org \$50 Class 2 - Individual \$20 Class 3 - Student \$1

What do you want to be shown on VCOC Website

Business Name: Yes No Other _____

Business Physical Address: Yes No Other _____

Business Mailing Address: Yes No Other _____

Owner Name: Yes No Other _____

Phone Number: Yes No Other _____

Email Address: Yes No Other _____

Website or Facebook URL: Yes No _____

Would you like information on obtaining Anthem Health Insurance for your company through The Chamber Benefit Plan? _____ (Yes or No)

Mail this form and a check to: Vienna Chamber of Commerce
PO BOX 672
Vienna MO 65582