

INDIVIDUAL MEMBERSHIP INTENT REGISTRATION FORM

Please complete this Registration Form and return it to the Marshall Chamber of Commerce, 214 N. Lafayette Avenue, with a Check or Cash

NAME		
First Na	Name Last Name	
ADDR	DRESS	
EMAII	AIL	
PHON	ONE NUMBER	
PREF	EFERRED PAYMENT METHOD	
	CASH	
	CHECK	
	DEBIT/CREDIT CARD	
	To pay with a debit/credit card please either visit our website www.marshalmochamber.con and fill out the online form with directions to the online payment portal, or call the chamber office for assistance	

Advancing the general welfare and prosperity of Marshall and rural Saline County.

214 N. LAFAYETTE MARSHALL, MO 65340 660-886-3324 WWW.MARSHALLMOCHAMBER.COM