

EAGLE GROVE AREA CHAMBER OF COMMERCE

Membership Application

Please type or print the following information:

Firm Name _____

Contact Person _____ Title _____

Physical Address _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____ Website _____

Number of full-time employees _____ Part-time _____

Business Classification:

- | | |
|---|---|
| <input type="checkbox"/> Advertising and Media | <input type="checkbox"/> Manufacturing, Production, Wholesale |
| <input type="checkbox"/> Associate Members | <input type="checkbox"/> Personal Services and Healthcare |
| <input type="checkbox"/> Automotive Sales and service | <input type="checkbox"/> Pets & Veterinary |
| <input type="checkbox"/> Clubs and Organizations | <input type="checkbox"/> Places of Worship |
| <input type="checkbox"/> Construction and Contractors | <input type="checkbox"/> Real Estate and Rentals |
| <input type="checkbox"/> Culture and Entertainment | <input type="checkbox"/> Restaurants, Food and Beverage |
| <input type="checkbox"/> Education | <input type="checkbox"/> Shopping and Specialty Retail |
| <input type="checkbox"/> Finance and Insurance | <input type="checkbox"/> Sports and Recreation |
| <input type="checkbox"/> Government | <input type="checkbox"/> Transportation and Logistics |
| <input type="checkbox"/> Legal Services | |

Description of Goods & Services _____

Amount of annual investment \$ _____ (See Membership Investment Schedule)

Investment payable: _____ Annually _____ Semi-Annually _____ Quarterly

Yes! I'm interested in assisting with these Chamber events or activities: (please list)

Return to: Eagle Grove Area Chamber of Commerce
212 W. Broadway, PO Box 2, Eagle Grove, IA 50533
Phone/Fax: (515) 448-4821 Email: chamber@eaglegrove.com