## EAGLE GROVE AREA CHAMBER OF COMMERCE Membership Application

Please type or print the following in	nformation:
Firm Name	
Contact Person	Title
Physical Address	
City	State Zip
Phone	Fax
Email	Website
Number of full-time employees	Part-time
Business Classification: Advertising and Me Associate Members Automotive Sales an Clubs and Organiza Construction and Co Culture and Entertai Education Finance and Insurand Government Legal Services Description of Goods & Services _	Personal Services and Healthcarend servicePets & VeterinarytionsPlaces of WorshipontractorsReal Estate and RentalsnmentRestaurants, Food and BeverageShopping and Specialty Retail
Amount of annual investment Investment payable: Annu	
Yes! I'm interested i	n assisting with these Chamber events or activities: (please list)
e	Chamber of Commerce , PO Box 2, Eagle Grove, IA 50533 448-4821 Email: chamber@eaglegrove.com