



APPLICATION FOR MEMBERSHIP

CONTACT INFORMATION

Legal Company Name _____ Year Business Began: _____

DBA Name, if Applicable: _____

Name as You Prefer it to Appear on
Our Website and Other Materials: _____

If Your Business is Headquartered Elsewhere,
Please Note Home Office Location: _____

Physical Address: _____

Preferred Mailing Address, if Different from Above: _____

Telephone Number: _____

Fax Number: _____

Web Address: _____

Preferred Method of Communication (please circle): postal mail email phone call

Owner's Name: _____

Manager's Name: _____

Primary Contact's Name and Title: _____

BUSINESS INFORMATION

Primary business/ service: _____

Secondary businesses/ service (s): _____

COMMUNICATIONS

The Fort Madison Chamber of Commerce uses email as our primary mode of communication. If you indicated, above, a different preferred method, we will make every effort to communicate in your preferred method. Please provide the names and addresses of all employees who wish to receive our email communications:

NAME

EMAIL ADDRESS

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____