



ESTHERVILLE

AREA CHAMBER OF COMMERCE

MEMBERSHIP APPLICATION

Complete this application today to begin your membership benefits!

Company Information

Name: _____ Address 1: _____
Telephone: _____ Address 2: _____
Fax: _____ City/State/Zip: _____
Website: _____ Email: _____

Individual Information

Primary Representative

Name: _____ Title _____
Telephone: _____ Email: _____

Additional Representative

Name: _____ Title _____
Telephone: _____ Email: _____

For additional representatives, please attach supplemental information on a separate sheet.

Other Application Information

Business Classification: _____ # of Full-Time Employees: _____
To figure this number, add up hours of part-time employees to forty hours.

Investment Date: _____

Authorized _____

Investment & Method of Payment (See Investment Schedule– Included)

Investment Amount: _____ Bill me: _____
Annually _____ Semi-Annually _____ Quarterly _____

Investments are tax deductible as allowed by law!

To Join The Estherville Area Chamber of Commerce Today:

Fax: 712-362-7742
Email: echamber@ncn.net

Mail: 620 1st Avenue South
Estherville, IA 51334
Call: 712-362-3541