



Area Chamber of Commerce

# Membership Application

### **Membership Information**

Firm, Organization or Individual Name \_\_\_\_\_

Contact Individual & Title \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City, State & Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Billing Address, if different from above \_\_\_\_\_

Email Address \_\_\_\_\_ Web Address \_\_\_\_\_

Total Investment (please see investment schedule on back side) \$ \_\_\_\_\_

Chamber investment dues are billed annually January 1 of each year.

### **Business Profile**

Business established date \_\_\_\_\_

Total number of employees \_\_\_\_\_ Full time \_\_\_\_\_ Part time \_\_\_\_\_

Provide Primary category for business focus (i.e. Real Estate, Insurance, Retail/Gifts)

\_\_\_\_\_

Additional listing \_\_\_\_\_ Additional listing \_\_\_\_\_

### **Newsletter**

Provide all employee names and email addresses that you wish to have receive the Center 1 Newsletter via email:  
(Use additional paper if needed)

The undersigned hereby makes application for membership in the Hampton Area Chamber of Commerce and in consideration of this application being accepted, agrees to pay the membership investment of \$ \_\_\_\_\_ per year.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

Chamber staff signature \_\_\_\_\_ Date \_\_\_\_\_

Hampton Area Chamber of Commerce  
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