

Emmetsburg Chamber of Commerce

1121 Broadway, Emmetsburg, IA 50536

Phone: 712-852-2283

Fax: 712-852-2156

eburgchamber@kemb.org

Invoice
Due: 01-15-2011

Membership Profile 2011

Please complete back & front of form & return to Chamber office with payment.

Business Name: _____

Owner Name: _____

Business Type: _____

Contact Persons

Name & Title: _____

Business Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ URL: _____

Membership Investment:

Base fee

*In Town \$190.00 _____

*Out of Town \$310.00 _____

*Financial Institution \$750.00 _____

* # of Full-time Employees _____ x \$ 25.00 + _____

Non-Profit Organizations \$375.00 _____

Churches, Clubs & Organizations \$125.00 _____

New! Associate Home-Based: Full time \$ 95.00 _____

Part time \$ 50.00 _____

New! Associate Individual \$ 30.00 _____

Membership Investment Subtotal: *Maximum \$750.00* \$ _____

Above & Beyond, additional contribution \$ _____

Total Investment: \$ _____

Payment Information:

Enclosed: _____ Annual: _____ Semi Annual: _____ Quarterly: _____

(Check or Cash Only)

***Thank You for your support and commitment to our community
through YOUR Emmetsburg Chamber of Commerce!***

Membership Profile, continued...

Make the most of your membership. Get Involved. Get results!

The more you tell us about your business, the better we can refer business to you!

Please complete before returning to Chamber office.

A few words to describe your business: _____

Business Hours:

2010 Celebrations & Milestones:

Year Business Established _____

Other _____

Committee Choice: *(Please circle each area of interest)*

Facilities

Financial

Media

Professional Development

Membership

Retail

Tourism

Community

Please check any of the following that you're interested in being contacted regarding:

- _____ Business Spotlight in the Newsletter
_____ Hosting a Chamber Coffee
_____ Placing an ad on the Chamber Channel
_____ Placing your business card or brochure in the Welcome Center
_____ Listing an event on the Community Calendar
_____ Referral to KEMB Radio
_____ Referral to the Retail Association
_____ Volunteer at the Iowa Welcome Center or at Chamber events (X one)

Contact Name: _____ **Contact Phone:** _____

Please list ALL employee email addresses that would like to receive the Chamber newsletter or updates: *(Use additional paper if needed)*

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____