



Carroll Chamber of Commerce Membership Application Form

Welcome to the Carroll Chamber of Commerce!

*The Chamber is dedicated to promoting and developing the business community.
Get involved to receive maximum return on your investment.*

Business/Organization Name _____

Contact Person _____ **Title** _____

Additional Contacts _____ **Email** _____

Street Address _____ **Mailing Address** _____

Billing Address (if different) _____

City Carroll **State** IA **Zip Code** 51401

Phone _____ **Cell** _____ **Fax Number** _____

E-mail _____ **Web Site** http://www. _____

(most Chamber communication will be through email are there other emails you want listed?)

Number of Full-time Employees _____ **Part-time** _____ **Facebook Page** (circle one) **Yes** **No**

Brief Business Description _____

Business Classification _____

Membership dues run from January 1st through December 31st.

Points _____ **Annual Dues \$** _____

PLEASE CONTACT CHAMBER STAFF FOR DUES SCHEDULE AT 712-792-4383

*Dues are deductible from Federal and State Income Tax Returns as a business expense.
Return to Carroll Chamber of Commerce, 407 W 5th, PO Box 307, Carroll, IA 51401*

Phone 712.792.4383 Fax 712.792.4384 Email s.landauer@carrolliowa.com www.carrolliowa.com

Thank you, we value your support of the Carroll Chamber of Commerce.

FOR OFFICE USE:

Date received _____ Amount paid _____ Check number _____

Database _____ Facebook _____ Newsletter _____ Packet/Sticker delivered _____

Chamber Bucks sheet _____ Excel sheet _____