

CHAMBER MEMBERSHIP APPLICATION



Return application & payment to: Mount Pleasant Area Chamber of Commerce
124 South Main Street, Mount Pleasant, IA 52641
(319) 385-3101 or mpaca@mountpleasantiowa.org

Business Name (as you'd like it to appear in our directory): _____

Date Company Started: _____

Business General Email (the email that will be listed on our website): _____

Physical Address: _____

City & State: _____ Zip Code: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____

Number of Full-Time Employees: _____ Part-Time Employees: _____ Category: _____

Website: _____

Brief description of your business: _____

Primary Contact:

Name: _____ Title: _____ Email: _____

Secondary Contacts:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

MEMBERSHIP INVESTMENT SCHEDULE

GENERAL CATEGORIES:

The investment formula is based on full-time (40 hours/week) equivalent number of employees.

EMPLOYEES:

1-4 Employees: \$195
5-10 Employees: \$285
11-20 Employees: \$340
21-60 Employees: \$625
61-100 Employees: \$840
101-300 Employees: \$1260
301+ Employees: \$1575

OTHER DUES:

Non-Profits (no paid employees) \$100
Associates \$100
Churches \$125
Government/Schools \$250

Total Due: _____

PAYMENT INFORMATION

Payment Options: _____ Cash _____ Check

Charge: ___ Visa ___ Master Card ___ American Express

Card Number: _____

Card Holder Name: _____

Expiration Date: _____ Billing Zip Code: _____

CVV: _____ Total Due: _____ Payment Date: _____

OFFICIAL USE ONLY

- Date Paid: _____
- ChamberMaster
- Logo
- Constant Contact
- Ribbon Cutting
- Newslines
- Radio
- Social Media

The undersigned hereby makes an application for membership in the Mount Pleasant Area Chamber of Commerce. Membership investment in the Mount Pleasant Area Chamber of Commerce may be tax deductible as an ordinary and necessary business expense, but not as a charitable tax deduction for federal income tax purposes. By signing this application, you give permission for the Mount Pleasant Area Chamber of Commerce to contact you via electronic methods, phone and mail.

Authorized Signature: _____ Date: _____