



Membership Application

Company Name		
Contact Name & Title		
Street Address		
Mailing Address		
City	State	Zip
Phone	Fax	
Email	Web Site	
Number of full time employees		Number of part time employees
Additional Contact		Email
Additional Contact		Email
Type of Business		

2010 MEMBERSHIP INVESTMENT

- 1-4 Employees* \$135.00
- 5-8 Employees* \$190.00
- 9-14 Employees* \$275.00
- 15-20 Employees* \$325.00
- 21-50 Employees* \$400.00
- 51-100 Employees* \$480.00
- Over 100 Employees* \$675.00
- Churches, Service Clubs \$50.00
- Associate \$80.00

**Full Time Equivalent

Advertising Opportunities (optional)

- Membership Directory Ad (Published in March of each year.) \$85.00

The undersigned hereby makes application for membership in the ELDRIDGE/NORTH SCOTT CHAMBER OF COMMERCE and, in consideration of this application being accepted, agrees to pay the membership investment of \$_____.

METHOD OF PAYMENT: (Circle One) Check MasterCard Visa Discover

Card # _____ Exp. date _____ CV2# _____

Name on Card _____

Address _____

Signature _____

MAIL TO: Eldridge-North Scott Chamber of Commerce, 220 W. Davenport Street, Eldridge, IA 52748

Organization dues may be deductible as professional or business expenses to the extent allowable by law.

Dues and other contributions to local, state or national associations are not deductible as charitable contributions for federal income tax purposes. Chamber of Commerce Federal ID # 42-1259087

**PLEASE FILL IN THE NEW MEMBER PROFILE ON THE REVERSE SIDE
SO WE MAY HIGHLIGHT YOUR BUSINESS IN AN UPCOMING ISSUE OF THE "CHAMBER CHAT".**

