



117 S. Main
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MEMBERSHIP APPLICATION AND AGREEMENT

Business Name: _____
Contact Name & Title: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Web Site: _____
E-Mail: _____
Number of Employees (FTE): _____ Phone: _____
Membership Investment Amount: _____

I hereby apply for membership in the Maquoketa Area Chamber of Commerce as an active member and agree to abide by its bylaws.

If I decide to drop membership, I agree to notify the Chamber office, by written notification, my intention to do so. In the event of some unusual circumstance, such as serious sickness, death, or sale of business, it is my understanding that my membership can be dropped immediately.

I understand also that my membership in the Maquoketa Area Chamber of Commerce will be terminated if dues become delinquent beyond a 90-day period.

As a member of the Chamber, I wish to promote Maquoketa and thereby wish to promote my business. Since I realize that cooperation on the part of all members is necessary to achieve success, I will work towards that goal whenever possible.

Firm: _____

By: _____
(Signature of Owner or Manager)

Date: _____

Membership Accepted by: _____

Date: _____