

### **Membership Information**

Firm, Organization or Individual Name: \_\_\_\_\_

Contact Individual & Title: \_\_\_\_\_

Address: \_\_\_\_\_ PO Box: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Billing Address, if different from above: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Address: \_\_\_\_\_

Total Investment (please see investment schedule on back side): \$ \_\_\_\_\_

*Chamber investment dues are billed annually (in December).*

### **Business Profile**

Business established date: \_\_\_\_\_ Business Hours: \_\_\_\_\_

Total number of employees: \_\_\_\_\_ Full time: \_\_\_\_\_ Part time: \_\_\_\_\_

Choose which category you fit into:

Hospitality, Restaurant, Camping and Lodging/ Skilled Construction Services, Products and Manufacturing/  
Professional Services/ Retail Products and Services/ Vehicle Services and Products / Organizations, Churches, Government

What type of services do you provide, or products do you sell? \_\_\_\_\_

### **Business Description**

Please provide two sentences that tell us about your business. We use this information for marketing your company!

\_\_\_\_\_  
\_\_\_\_\_

### **Newsletter**

Provide all employee names and email addresses that you wish to have receive the Greater Franklin County Chamber Newsletter via email: (Use additional paper if needed):

\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby makes application for membership in the Greater Franklin County Chamber of Commerce and in consideration of this application being accepted, agrees to pay the membership investment of \$ \_\_\_\_\_ per year.

Authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chamber staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

Greater Franklin County Chamber of Commerce

5 First Street SW; Hampton, IA 50441

Phone: 641-456-5668 Fax: 641-456-5660

Email: [communications@hamptoniowa.org](mailto:communications@hamptoniowa.org) Web: [www.hamptoniowa.org](http://www.hamptoniowa.org)

## Chamber Investment Calculation Worksheet

Full time business with 1 employee	170.00
Full time business with 2 employees	200.00
Full time business with 3 employees	230.00
Full time business with 4 employees	260.00
Full time business with 5 employees	290.00
Full time business with 6 employees	320.00
Full time business with 7 employees	350.00
Full time business with 8 employees	380.00
Full time business with 9 employees	410.00
Full time business with 10 employees	440.00
Full time business with 11 employees	460.00
Full time business with 12 employees	480.00
Full time business with 13 employees	500.00
Full time business with 14 employees	520.00
Full time business with 15 employees	540.00

Full time business with 16+ employees:  
In addition to 540.00, add 5.00 per employee.

Financial Institutions:  
500.00 plus 30.00 for first 25 million and  
5.00 for each additional million based on deposits.

Home-based/Self-employed business, Full time:	140.00
Home-based/Self-employed business, Part time:	100.00
Associate (non-profits, churches, organizations):	85.00
Individual:	50.00
Senior Citizen (age 62+):	50.00

*The Greater Franklin County Chamber of Commerce Board of Directors reserves the right to evaluate membership dues investment each year.*