

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

BUSINESS DESCRIPTION

Please provide 2 sentences that tell us about your business. (To be used for marketing purposes)

Provide all employee names and email addresses that you'd like to have listed as representatives and/or to receive *Tuesday Newsday*, the Chamber's e-newsletter. (Use additional paper if needed):

Social Network Services:

LinkedIn: <http://linkedin.com/in/> _____

Facebook: <http://facebook.com/pages/> _____

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: _____

Applications can be mailed to:
Greater Franklin County Chamber of Commerce
5 First Street SW, Hampton, IA 50441
Email: director@hamptoniowa.org

Chamber Investment Calculation Worksheet - 2025 Rate Increase

	PREVIOUS RATE	NEW 2025 RATE
Full-time business with 1 employee	170	195
Full-time business with 2 employees	200	230
Full-time business with 3 employees	230	265
Full-time business with 4 employees	260	300
Full-time business with 5 employees	290	335
Full-time business with 6 employees	320	370
Full-time business with 7 employees	350	400
Full-time business with 8 employees	380	435
Full-time business with 9 employees	410	470
Full-time business with 10 employees	440	500
Full-time business with 11 employees	460	530
Full-time business with 12 employees	480	550
Full-time business with 13 employees	500	575
Full-time business with 14 employees	520	600
Full-time business with 15 employees	540	625
Full-time business with 16+ employees:	In addition to 625.00, add 5.00 per employee.	

Financial Institutions: FLAT RATE of \$1200 per financial institution

Home-based/Self-employed business, Full-time	140	160
Home-based/Self-employed business, Part-time	100	115
Non-profits	85	95
Individual:	50	55
Senior Citizen (age 62+):	50	55

CURRENT SPONSORSHIP OPPORTUNITIES

	PREVIOUS RATE	NEW 2025 RATE
Wine walk	20	30
E-sponser	90/quarter	120/quarter
T.O.T.T	\$300	\$500
E-sign	\$250	\$300

If you feel the invoice amount is incorrect based on the # of employees above, please email: director@hamptoniowa.org.
 (For example, if your business has more/less staff than what was originally reported, please let us know.)