

Cherokee Chamber of Commerce
Membership Form



Business Name: _____

Contact Person/Title (for billing/decision making purposes): _____

Address: _____ City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Additional Contact(s) _____
(if different from above please include phone #, fax #, and email address)

Membership Category: _____

Number of Employees: Full-time employees _____
Part-time employees _____

TOTAL \$ _____ *Yearly investment*

Membership rates are determined based on the membership category and number of employees. Please contact the Cherokee Chamber of Commerce to determine your membership investment. Contact us at 712-225-6414.

Please Bill me: _____ Annually _____ Bi-Annually _____ Quarterly

**** Membership Dues may not be deducted as a charitable expense, but may be deducted as a business expense according to the IRS. I hereby commit to membership in the Cherokee Chamber of Commerce and do agree to pay according to the investment amount and schedule as stated above.*

SIGNATURE _____ **DATE** _____

*Please return to: Cherokee Chamber of Commerce
201 West Main Street
Cherokee, IA 51012*