

**NORWALK AREA CHAMBER
OF COMMERCE**

P. O. Box 173

1039 Sunset Dr

Norwalk, IA 50211

(515)981-0619

norwalkchamber@msn.com

2011 Membership Information

Business Name: _____

Address: _____

Mailing Address (if different) _____

Main Contact: _____

2nd Contact Person (if applicable) _____

Phone: _____

Fax: _____

Website _____

E-mail Address: _____

Publish Info? Y N

*** (Newsletters and Chamber Updates/Info will be communicated this way if possible)

Mail Newsletter? Y or N

Business Industry Type: _____ Sub Type: _____

Number of full time employees _____

(Need a Category for Website Listing & Directory-see attached category listings)

(Please count part time employees as 2 part-time equals 1 full-time):

Additional Designees (participating members-they will also get Chamber news/info)

\$85.00 additional cost for each unless opting for other levels of membership-see membership dues sheet.

Name: _____

Address: _____

Phone: _____ Email: _____

Dues Remitted: \$ _____ Annually or Semi-Annually

(Other payment arrangements on a case by case basis. Dues must be paid in full in order to be in the Directory. See Dues sheets for more info.)

We have Several Events & Committees throughout the year. Please select the ones you are interested in participating in.

AMBASSADORS: _____ (Attend Ribbon Cuttings, Greet Members at events, Identify & contact new businesses to extend Chamber's welcome)

EVENTS:

RUNorwalk _____ Golf Outings _____ Party Before the Works _____ Wine Harvest _____

GOVERNMENT RELATIONS Government Affairs Committee _____ Legislative Reception _____

Interested in serving on the board? _____ Suggestions/Comments/Likes/Dislikes: Please write on the back or attach another page