



Glenwood City Chamber of Commerce

Membership Agreement Form

Business Name _____ Telephone _____

Address _____ Fax _____

City/State/ZIP _____

Web Site Address _____

E-mail Address _____ Date Business Established ___ / ___ / ___

Name of company/business that checks are drawn on (if different than above)

PLEASE DESCRIBE YOUR BUSINESS (as you want it displayed on our web site):

Number of Employees: _____ Full Time _____ Part time (less than 32 hours)

Type of Business:

___ General Business ___ Financial ___ Professional ___ Individual

___ Club/Organization ___ Lodging ___ Realtor

Annual Dues: _____

Payment Method: _____ Check _____ Cash

Membership becomes effective upon receipt of payment

_____ Payment Enclosed _____ Drop off at City Hall

Primary Business Representative: _____

Signature _____ Date ___ / ___ / ___

2011 Membership Fees

Business: \$100.00

Individuals: \$25.00