

AKRON AREA CHAMBER OF COMMERCE

2020 Membership Form



Business Name

Name of Primary Chamber Contact

**Street Address
City, State, Zip Code**

Email Address

Office Phone

Cell Phone

Company Website

Please select membership level

Business \$150

Nonprofit \$55

Personal \$40

Please list (or update) names and contact information of other employees who should also receive Chamber communications, including meeting notices, invitations to ribbon cuttings, other events and more.

Only the person listed as Primary Contact will receive membership renewal/billing notices.

Name	Email Address

Additional contacts can be written on back.

Mail renewal form and check to:

Akron Area Chamber of Commerce
P.O. Box 151
Akron, IA 51001

Forms and checks can also be delivered to Connie Blake at Security National Bank, Akron.