**AKRON AREA CHAMBER OF COMMERCE**

**2021 Membership Form**

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| **Business Name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of Primary Chamber Contact** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Street Address****City, State, Zip Code** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |
| **Email Address** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Office Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Cell Phone** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Company Website**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Please select membership level

|  |  |  |
| --- | --- | --- |
| **Business**   | **$150** | *Each business membership may have one voting representative at Chamber meetings.* |
| **Nonprofit** | **$55** | *Each nonprofit membership may have one voting representative at Chamber meetings.* |
|  |  |  |

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.