

Membership Application /Renewal

Business Name: _____
Contact Name: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____
Fax: _____
E-mail Address: _____
Web Site: _____

COMMITTEE CHOICE (please pick one)

Membership
 Government Affairs/Business Development
 Community Affairs

CHAMBER CHAMPION LEVEL

Gold
 Silver
 Bronze
 Patron

MEMBERSHIP:

Large
 Medium
 Small
 Non-Profit
 Individual

Total Amount Enclosed \$ _____

Information required for Credit Card Payment:

Name _____
Card Type (circle one) MC / Visa
Card Number _____
CVV2 code on back _____ Exp. Date _____
Signature: _____

Please mail this application/renewal and check or credit card info to :

**Windsor Heights Chamber of Commerce
1133 66th Street
Windsor Heights, Iowa 50311**