



**Jen Rhomberg, Chamber Director**  
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## Membership Application

**Company Name:** \_\_\_\_\_

Physical Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Check Box if Billing Address is same as physical address:

**Billing Address:** \_\_\_\_\_

City, State Zip \_\_\_\_\_

**Company Website:** \_\_\_\_\_

**Contact Info:**

Primary Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**2nd Contact Info:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Company Info:**

Number of Employees: Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

**Our business would like to Join the Cascade Area Chamber of Commerce at the level selected below:**

**Classic Membership** \$125 per year (\$400 Value)

**Executive Membership** \$300 per year (\$600 Value)

**Premium Membership** \$600 per year (\$1500 Value)

**Please indicate three categories to list your business under:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Please provide a 50 word profile about your business:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please submit payment to the Cascade Area Chamber of Commerce at the address on the above right.**