



Keosauqua Chamber Membership Form

Please choose your category:

_____ \$100 Business Member (20 employees or less)

_____ \$200 Business Member (Over 20 employees)

Pease tell us about your business:

Business Name _____

Business Contact _____

Physical Address _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone _____ Website _____

Email Address _____

Do you have a Facebook Page? ___ Yes ___ No

Names/Emails of those wanting to receive the Newsletter: _____

If you are not a business but want to support the Chamber _____ \$25 Individual Member

Authorized Signature

Date

Please sign, date and return with your payment to:

Keosauqua Chamber
P.O. Box 511
Keosauqua, IA 52565

Throughout the membership year, a board member will be assigned to your business and check in with you periodically.