

*Cherokee Chamber of Commerce
2017 Membership Form*

Business Name: _____

Contact Person/Title (for billing/decision making purposes): _____

Address: _____ City/State/Zip: _____

Telephone Number: _____ Fax Number: _____

Email address: _____

Additional Contact(s) _____
(if different from above please include phone #, fax #, and email address)

Please note--- If your current employee count is different than what we have listed, you may call the chamber and we will adjust your dues accordingly. If your employee count changes during the year, dues will be adjusted for the following year. Each full time employee is valued at one point (\$20.26) and part time employees are valued at \$6.83 per person.

2017 Point Value = \$20.26

Membership Category: _____ Base Rate = \$202.26

Number of Employees: _____ Full-time employees = _____
_____ Part-time employees = _____

TOTAL \$ _____ *Yearly investment*

_____ My 2016 Membership dues are enclosed

Please Bill me: _____ Annually _____ Bi-Annually _____ Quarterly

****** Membership Dues may not be deducted as a charitable expense, but may be deducted as a business expense according to the IRS. I hereby commit to membership in the Cherokee Chamber of Commerce for the year 2017 and do agree to pay according to the investment amount and schedule as stated above.***

SIGNATURE _____ **DATE** _____

***Please return to: Cherokee Chamber of Commerce
201 West Main Street
Cherokee, IA 51012***