



## Membership Application

**Business Name:**

---

**Mailing Address:**

---

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

**Business Street Address:**

---

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

**Website:**

---

**E-mail:**

---

Phone \_\_\_\_\_ Fax: \_\_\_\_\_

**Owner(s) Name:**

---

**Contact Name:**

---

**Business Directory Listing Information, type of business/ services provided**

---

**Membership Type (see dues structure page)**

\_\_\_\_ Primary Business Member - \$250 per year

\_\_\_\_ Secondary Business Member - \$125 per year

\_\_\_\_ Associate Member - \$85 per year

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chamber of Commerce membership dues may be deductible as an ordinary and necessary business expense.



## Business Profile

We are very interested in your business and look forward to having you as a new member! To better serve you, the community, and visitors to our area, we would appreciate you taking a few minutes to answer the following questions. Please feel free to attach additional information if required.

**What type of business, product, or service do you provide?**

---

---

---

**Business Hours? Please include dates of operation.**

---

---

**Are you open year round?**

---

**How would you like the Chamber to meet your needs and expectations?**

---

---

---

**Would you be interested in volunteering for committees or events? List specific areas of interest.**

---

---

Please send a jpg or png copy of your business logo to [info@irchamber.com](mailto:info@irchamber.com) for display on our website member profile page and for future Chamber publications.