

Membership Application



Company Name: _____

Company Address: _____

City/State/Zip: _____

Company Phone: _____ FAX : _____

Company Website Address (URL): _____

Date Established in Des Moines Area _____

Employee Count

Full-Time: _____ Part-Time: _____ Total for Dues Purposes:* _____

**Two part-time employees equal one full-time employee.*

Directory Category: _____

Primary Contact Person & Title: _____

Contact Phone: _____ Contact FAX : _____

Contact Email Address: _____

Additional Contact Persons in Print Directory (\$50.00):

Membership entitles a company to have its name, address and one contact person listed in the printed and online membership directories. Members wishing to have additional contact persons in print directories may do so for an additional \$50 per contact. Additional contact persons may be added to our database to receive Des Moines Downtown Chamber information at no charge.

Please check below if you wish to add the contact to the printed directory (\$50.00 per contact) NOTE: Additional addresses are considered separate memberships and are subject to the standard dues schedule. Businesses that qualify for special dues rates as shown below must pay the full standard fee for additional contacts.

Name & Title: _____

Phone: _____ FAX : _____

Email Address: _____

Name & Title: _____

Phone: _____ FAX : _____

Email Address: _____

DUES AND FEES

Annual Dues (see Membership Dues Schedule) _____

Processing Fee (one-time charge) _____ \$40.00_

Additional Contacts @ \$50 each _____

PAYMENT INFORMATION

Please make checks payable to

Des Moines Downtown Chamber
700 Locust St, Suite 100
Des Moines, IA 50309