



Clarion Chamber & Development
2018 Member Application

302 S Main | PO Box 6
Clarion, IA 50525
515-532-2256
chamber@clarioniowa.com
www.clarioniowa.com

Name of Business/Organization: _____

Primary Contact Name: _____ Title: _____

Phone: _____ Email: _____

Physical Address:

_____ City: _____ State: _____ Zip: _____

Mailing Address: Same as Physical:

_____ City: _____ State: _____ Zip: _____

Website: _____ Facebook: _____

Business Description/Type of Customers: _____

Annual Investment Determined by business category and employee count when necessary.

Table with 3 columns: Category, Description, and Investment Amount. Categories include Category 1 through 9, Financial Institutions, Businesses Outside of Clarion, and Out-of-County Businesses.

Number of Employees Calculated by Full-Time Equivalents (FTEs). Please include yourself as an employee. Ex: 2 full-time employees plus 2 part-time employees would equal 3 FTEs. Round up to the nearest whole number.

Full-Time Employees (30+ hrs a week): _____ Part-Time Employees (Divided by 2): _____ No. of FTEs: _____

Business Category: _____ Investment Amount: \$ _____

Payment

Members have the option to pay in two installments: half upon joining and half in July.

Circle one: Paid in Full Paid in Installments (Half of Investment) - \$ _____