



**MONTICELLO AREA
Chamber of Commerce**

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Membership Application

Company Name: _____

Physical Address: _____

City, State, Zip: _____

Check Box if Billing Address is same as physical address.

Billing Address: _____

City, State, Zip: _____

Company Website: _____

Contact Info:

Primary Contact Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

Second Contact Info:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

Company Info: Part Time _____

Number of Employees: Full Time _____

See the business investment schedule on the back.

Please indicate three categories to list your business under:

1. _____

2. _____

3. _____

Please provide a 50 word profile about your business:

Please submit payment to the Monticello Chamber of Commerce at the address above.