



des moines west side
chamber
of commerce

Membership Application

MEMBER INFORMATION:

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:* _____

**For dues purposes, two part-time employees equals one full-time employee.*

Directory Category: _____

Primary Contact Person & Title: _____

Contact Phone: _____ Fax: _____

Contact Email Address: _____

Additional Contact Persons (cost: \$50 per person):

Name & Title: _____

Phone: _____ Fax: _____

Email: _____

Name & Title: _____

Phone: _____ Fax: _____

Email: _____

DUES AND FEES

Annual Dues (see Dues Schedule) \$ _____

Processing Fee (one-time charge) \$ 40.00

Additional Contacts @ \$50 each \$ _____

TOTAL \$ _____

PAYMENT INFORMATION

Please make checks payable to:

Des Moines West Side Chamber
700 Locust St, Suite 100
Des Moines, IA 50309