EAGLE GROVE
CHAMBER OF COMMERCE

PO Box 2, Eagle Grove, IA 50533
Phone/Fax 515-448-4821
Email: chamber@eaglegrove.com
Website: www.eaglegrove.com

Name:
Address:
City/State/Zip:
Phone: Fax:
Email: Website:
(Please update information if incorrect or missing.)

Investment Invitation

Description	**Amount**
2009-10 Annual Membership Investment Please figure based on membership investment schedule.	**$** _____
2009-10 Retail Association Membership $120 Annual Investment	$ _____
2009-10 Ambassadors Membership $10 per person Please list members names: _____ _____	$ _____
TOTAL	**$** _____

Payable: _____ Annually _____ Semi-Annually* _____ Quarterly*
* Invoices will be sent when appropriate payments are due.

FOR OFFICE USE: Date Received _____ Amount _____ Check Number _____ Membership Cling _____