



Jen Rhomberg, Chamber Director
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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: _____

2nd Contact Info:

Name: _____

Title: _____

Phone: _____ Cell: _____

Email: _____

Company Info:

Number of Employees: Full Time _____ Part Time _____

Our business would like to Join the Cascade Area Chamber of Commerce at the level selected below:

Classic Membership \$100 per year (\$400 Value)

Executive Membership \$250 per year (\$600 Value)

Premium Membership \$500 per year (\$1500 Value)

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 Cascade Area Chamber of Commerce at the address on the above right.