

Please take a few moments to fill out the following form. Your assistance is greatly appreciated.

Please return forms to: Fort Madison Partners - 614 7th Street, Fort Madison, IA 52627;

chamber@fortmadison.com or via fax: 319-372-6404

CONTACT INFORMATION

Legal Company Name	Year Business	Opened	
DBA, if Applicable:			
Name as You Prefer it to Appear on Our Website:			
Physical Address:	City:	State:	Zip:
Mailing (if different):	City:	State:	Zip:
Billing (if different):	City:	State:	Zip:
Home Office (if different):	City:	State:	Zip:
Phone: ()	Fax: ()		
Email:			
Website:			
Owner's Name:	Email:		
Manager's Name:	Email:		
Primary Contact's Name:	Phone:		
Billing Contact's Name:	Phone:		
Social Media Platforms: Facebook Twitt	ter Instagram Snapo	chat	
I would like information regarding social media p	olatforms: Yes No		
Preferred Method of Communication (please circle	e): postal mail ema	ail	phone call
Will your business accept Chamber Bucks:	Yes No		
Are you interested in participating in any commit	ttees? Yes No		

Affiliates include: Chamber of Commerce, Economic Development & SIRRC

PLEASE SEE OTHER SIDE OF FORM

BUSINESS INFOR	MATION					
Primary Use:	Retail	Service	Restaurant	Non-Profit	Other	
Employee Count:	Full Time: _	Par	t Time:	Contract:	Seasonal:	
Ownership (Optiona	,		Minority	Veteran		
Services Offered:						
COMMUNICATIO	N					
Fort Madison Partne	ers uses email	as our primar	y mode of commu	nication. If you indic	cated a different preferre	
method, we will mal	ke every effort	to communica	ate accordingly.	Please provide the na	mes and addresses of a	
employees who you v	wish to receive	our email con	nmunications/Ou	ıt and About newslett	er. (If more, please attac	
a separate sheet wit	h information)	:				
NAME			EMAIL AD	DRESS		
			_			
Pleas	se send us a c	urrent logo f	for uour busines:	s for us to use on ou	ır website	
			J	,		
				_		
Signature:				Date:		
For Office Use Only						
-						
Webs	ite Listing	Cor	nstant Contact	Email List		
	_		Renefit			