

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:						
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 Twitte	r Instagram Snapchat						
I would like information regarding social media pla	atforms: Yes No						
Are you interested in participating in any committee	ees? Yes No						

Affiliates include: Chamber of Commerce, Economic Development & SIRRC

PLEASE SEE OTHER SIDE OF FORM

BUSINESS INFOR Primary Use:	RMATION Retail	Service	Restaurant	Non Droft	Other
Employee Count:				Non-Profit Contract:	
Sm ployee Count: Ownership (Optiona		Fai Male	Minority	Veteran	Seasonar.
- ` -	,		•	veteran	
services Offered:					
COMMUNICATIO	N				
Fort Madison Partn	ers uses emai	l as our prin	nary mode of con	mmunication. Please	provide the names an
addresses of all emp	ployees who yo	ou wish to rec	ceive our email co	ommunications/Out a	and About newsletter. (
nore, please attach	a separate she	eet with inforr	nation):		
NAME			EMAIL AD	DRESS	
			_		
			_		
D1000	ea sand us a a	urrant laga i	for your hysines	s for us to use on ou	r waheita
Fieus	se sena as a c	urrent togo j	or your business	s for us to use on ou	ir website
Signature:				Date:	
For Office Hea Onl-					
For Office Use Only					
		_			
Webs	ite Listing	Cor	nstant Contact	Email List	

Window Decal _____

Benefit Cards _____