

# Clarinda Chamber of Commerce Membership Application

**Date of Application**

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**Billing Information**

Business Name

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Date Business Originated

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Business Owner

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Business Mailing Address

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Business Phone Number

Website

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Billing Schedule (Indicate One)

Annually

Semiannually

Quarterly

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Will your business accept Clarinda Dollars? (If located in Clarinda)

Yes

No

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Would your business be interested in participating in the Adopt-a-Class program?

Yes

No

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Would your business be interested in being a Community & Retail Promotions committee member?

*(Additional \$100 annual fee)*

Yes

No

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**Chamber Correspondence**

Point Person

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Phone Number

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**Chamber Alerts & Newsletter** (List Email Addresses to Receive Chamber Updates)

Email Address #1

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Email Address #2

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Chamber Committees	I Want to Be Involved	I'd Like More Information
<b>Ambassadors</b>		
<b>Business Development</b>		
<b>Clarinda Craft Carnival</b>		
<b>Clarinda Craft &amp; Vendor Marketplace</b>		
<b>Community Beautification</b>		
<b>Cruzin' Clarinda</b>		
<b>Golf Tournament</b>		
<b>Healthy Hometown Initiative</b>		
<b>Lighted Christmas Parade</b>		
<b>Membership</b>		
<b>Southwest Iowa Band Jamboree</b>		
<b>Tourism</b>		
<b>Community &amp; Retail Promotions</b>		
- Community Events		
* Back to School Bash		
* Bowling Tournament		
* Clarinda Chamber A's Night		
* Easter Egg Hunt		
* Hometown Holiday Open House		
* Taste of Clarinda		
- Retail Promotions		
* Holiday Promotions		
* Shop Local to Win Promotion		