



Fowler Chamber of Commerce Membership Application & Agreement

Connect. Promote. Advocate. Grow.

Instructions

Please complete all applicable sections. Membership dues are billed annually unless monthly billing is selected and approved. Replace bracketed text with your Chamber details before publishing.

A. Business / Organization Information

Legal Business / Organization Name		DBA / Public Name	
Business Type / Industry		Year Established	
Physical Address		Mailing Address	
Main Phone		Business Email	
Website		Social Media Handles	
Full-Time Employees		Part-Time Employees	
Owner / CEO / Executive Director		Tax ID / EIN (optional)	
Brief Business Description for Online Directory	Describe your products, services, mission, and customers served. _____		
Business Categories / Keywords	Examples: restaurant, real estate, construction, nonprofit, healthcare, marketing, tourism		

B. Primary and Additional Contacts

Role	Name / Title	Email	Phone
Primary Member Representative	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Billing Contact	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Marketing / Directory Contact	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Additional Representative	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Additional Representative	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Communication Preferences:

- Email newsletters
- Event updates
- Advocacy alerts
- Volunteer opportunities
- Text reminders, if available

C. Membership Category and Annual Dues

Select the category that best describes your business. The Chamber may confirm final dues based on employee count, business type, number of locations, and selected investment level.

Select	Membership Category	Best Fit	Annual Dues
<input type="checkbox"/>	Community Individual / Retired Professional / Student	Supports the Chamber without a business listing	\$95
<input type="checkbox"/>	Solopreneur / Freelancer / Home-Based Business	One-person business, consultant, creator, mobile service	\$225
<input type="checkbox"/>	New Business / Startup	Business under 24 months old; first-year introductory rate	\$250 first year
<input type="checkbox"/>	Micro Business	1-5 employees	\$325
<input type="checkbox"/>	Small Business	6-20 employees	\$500
<input type="checkbox"/>	Mid-Sized Business	21-50 employees	\$750
<input type="checkbox"/>	Large Employer	51-100 employees	\$1,100
<input type="checkbox"/>	Major Employer	101-250 employees	\$1,750
<input type="checkbox"/>	Enterprise / Anchor Employer	251+ employees	\$2,750+
<input type="checkbox"/>	Nonprofit / Civic / Faith-Based Organization	Priced by size or mission; may qualify for nonprofit discount	\$225-\$450
<input type="checkbox"/>	Retail / Restaurant / Hospitality / Tourism	Visitor-facing and community-facing businesses	\$350-\$750
<input type="checkbox"/>	Professional Services	Legal, accounting, consulting, insurance, real estate, marketing	\$425-\$900
<input type="checkbox"/>	Trades / Contractors / Manufacturing / Logistics	Construction, skilled trades, fabrication, warehousing	\$425-\$1,250
<input type="checkbox"/>	Healthcare / Financial / Utility / Franchise / Institution	High-visibility or regulated industries	\$1,500-\$3,500
<input type="checkbox"/>	Government / Education / Public Agency	Cities, schools, colleges, public agencies	\$750-\$1,500
<input type="checkbox"/>	Corporate / Community Investor	Premier visibility, leadership access, bundled sponsorship recognition	\$3,000 / \$5,000 / \$10,000
<input type="checkbox"/>	Additional Branch / Location	Additional location under same business ownership	50% of base dues or \$200 minimum

Selected Annual Dues: \$ _____ **Add-Ons: \$** _____ **Total Due: \$** _____

Additional Locations: No Yes, number of locations: _____ Monthly billing requested: No Yes

D. Optional Add-Ons

<input type="checkbox"/> Enhanced directory listing	<input type="checkbox"/> Additional business category listing
<input type="checkbox"/> Newsletter advertisement	<input type="checkbox"/> Dedicated email blast
<input type="checkbox"/> Social media spotlight package	<input type="checkbox"/> Premium ribbon cutting package
<input type="checkbox"/> Job posting bundle	<input type="checkbox"/> Expo booth
<input type="checkbox"/> Event sponsorship	<input type="checkbox"/> Relocation / visitor guide advertisement
<input type="checkbox"/> Conference room access	<input type="checkbox"/> Other: _____

E. Member Benefits and Engagement Interests

Tell us how you would like to use your membership so the Chamber team can connect you with the right opportunities.

<input type="checkbox"/> Networking events	<input type="checkbox"/> Business referrals / leads group
<input type="checkbox"/> Ribbon cutting or grand opening	<input type="checkbox"/> Marketing and visibility
<input type="checkbox"/> Business education workshops	<input type="checkbox"/> Advocacy / government affairs
<input type="checkbox"/> Workforce / job postings	<input type="checkbox"/> Committee or council service
<input type="checkbox"/> Sponsorship opportunities	<input type="checkbox"/> Shop Local / tourism promotions
<input type="checkbox"/> Young professionals programs	<input type="checkbox"/> Nonprofit partnerships
<input type="checkbox"/> Leadership development	<input type="checkbox"/> Volunteer / ambassador program
<input type="checkbox"/> Economic development updates	<input type="checkbox"/> Other: _____

F. Directory, Promotions, and Public Listing

Public Contact Name		Public Contact Email	
Public Phone		Public Website	
Primary Directory Category		Secondary Category	
Service Area		Hours of Operation	
Member-to-Member Offer or New Member Promotion	Optional: discount, consultation, special offer, event invitation, or promotion for fellow members. _____		

Public Listing Consent:

Yes, list my business in the online directory No, keep my listing private Contact me before publishing details

Ribbon Cutting / Celebration:

New business Grand opening Anniversary Expansion Relocation Not requested at this time

G. Payment and Billing

Billing Contact	Click or tap here to enter text.	Billing Email	Click or tap here to enter text.
Billing Phone	Click or tap here to enter text.	Purchase Order #	Click or tap here to enter text.
Billing Address	Street, City, State, ZIP	Preferred Invoice Date	Click or tap here to enter text.

Payment Method:

Check Credit card ACH / bank transfer Invoice me Monthly recurring billing, if available

Payment Terms: Membership is active upon approval and payment, unless otherwise arranged. Dues are billed annually and may be prorated only if approved by the Chamber. Monthly billing requires an approved recurring payment method.

H. Member Agreement and Business Code of Conduct Acknowledgment

By signing this application, the business or organization listed above agrees to support the mission of the Chamber and conduct itself in a professional manner that strengthens the local business community. A full copy of the Code of Conduct will be included in your welcome packet.

- Treat fellow businesses, customers, Chamber staff, volunteers, and community partners with respect and professionalism.
- Compete fairly and promote your own strengths without spreading misinformation or tearing down another business.
- Avoid public bashing, harassment, personal attacks, rumors, or intentionally harmful comments about another business on social media, online reviews, community pages, or public forums.
- Seek to resolve concerns directly, respectfully, and privately whenever possible before taking matters public.
- Support fellow members through positive referrals, collaboration, encouragement, and community-minded conduct.
- Use Chamber events, communication channels, lists, logos, and platforms only in ways that reflect positively on the Chamber and its members.
- Abide by Chamber bylaws, event policies, membership policies, and any applicable rules adopted by the Board of Directors.

Important

The Chamber is not responsible for resolving private business disputes, but may review member conduct that harms the Chamber, another member, or the reputation of the business community. This template should be reviewed by local counsel before adoption.

I. Authorization and Signature

I certify that the information provided is accurate and that I am authorized to apply for membership on behalf of the business or organization listed above. I understand that membership is subject to approval and that failure to follow Chamber policies may affect membership standing.

_____ Authorized Representative Signature	_____ Printed Name / Title	_____ Date
_____ Business / Organization Name	_____ Referred By	_____ Preferred Start Date

J. For Chamber Use Only

Date Received		Member ID	
Membership Level		Approved By	
Dues Amount		Payment Status	<input type="checkbox"/> Paid <input type="checkbox"/> Pending <input type="checkbox"/> Invoice Sent
Onboarding Complete	<input type="checkbox"/> Welcome email <input type="checkbox"/> Directory <input type="checkbox"/> Decal <input type="checkbox"/> Event invite <input type="checkbox"/> Code of Conduct	Notes	

Dues Disclosure: Chamber dues are generally intended as business expenses, not charitable contributions. Members should consult their accountant or tax advisor for guidance.