



MEMBERSHIP FORM

Type of Membership (please circle): BUSINESS INDIVIDUAL

Name of Business: _____

Contact Person: _____

Mailing Address: _____

Phone: _____

Fax: _____

E-mail Address: _____

Website: _____

Nature of Business: _____

What services/products do you offer? _____

Would you be interested in volunteering on a project committee? YES NO

Would you like to be included in the online Tipton Business Directory? YES NO

www.TiptonIowa.us