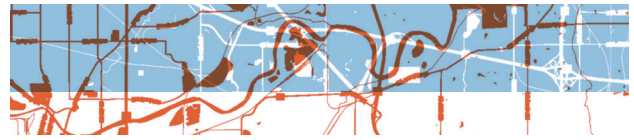




YOUR CHAMBER OF COMMERCE



MEMBERSHIP APPLICATION

JOIN ONLINE @ FUSEDSTM.ORG

I was referred to the Chamber by / _____

BUSINESS INFORMATION

Business Name / _____

Business Address / _____

City / _____ Zip / _____

Type of Business (for categorical website membership listing) / _____

Business Website / _____ Number of Employees / _____

CONTACT INFORMATION

Primary Contact / _____ Title / _____

Primary Email / _____ Phone / _____

Secondary Contact / _____ Title / _____

Secondary Contact Email / _____ Phone / _____

Young Professional Contact / _____ Title / _____

Young Professional Contact Email / _____ Phone / _____

PAYMENT INFORMATION

Annual Dues \$ / _____

(Please See Membership Guide)

CHECK ENCLOSED (Please mail to 130 East 3rd Street, Suite 301, Des Moines, IA 50309)

CHARGE (Please select card type) Mastercard Visa American Express Discover

Account Number / _____ Expiration Date / _____

V Code (3 digits on the back of the card) / _____ Authorized Signature / _____

PLEASE NOTE: Your FuseDSM membership is tax deductible as an ordinary and necessary business expense. It is not a charitable expense for Federal income tax purpose. FuseDSM serves as an advocate for area businesses. It is the policy of FuseDSM that all membership transactions are final and no refunds will be administered.