



Bettendorf Business Alliance • PO Box 535 • Bettendorf, Iowa 52722

Bettendorf Business Alliance Contributing Membership Application

1. Business Name: _____

2. Primary Contact Person: _____

3. Job Title: _____

4. Email Address: _____

5. Business Mailing Address: _____

6. City: _____ State: _____ Zip Code: _____

7. Billing Contact Person: _____

8. Office Phone Number: _____

9. Cell Phone Number: _____

10. Briefly describe the business: _____

_____ Website: _____

11. Any Additional Contact Person:

Name: _____ Phone: _____

Email: _____

Circle Membership Contribution Amount

Individual or Not for Profit	Business 2 to 50 Employees	Business 50 Plus Employees
\$100	\$150	\$300

Type of Payment

Checked Enclosed _____ Send Invoice _____ Credit Card _____

Signature _____ Date _____

Checks payable to: Bettendorf Business Alliance, P.O. Box 535 Bettendorf, Iowa 52722.