



*Iowa's Leading Business Tax Policy Resource
Since 1935*

Membership Application

INSTRUCTIONS: Please print, complete, and fax/mail this form to ITA at 100 East Grand Ave., Suite 330 - Des Moines, IA 50309 / (515) 243-2049 - FAX

Primary Contact: _____ Title: _____

Company Name: _____

Address: _____

City, State, Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____ Web site: _____

Additional Contact(s):

Others you would like to have receive information (photocopy if needed.)

Name

Title

Address

City/State/Zip

Phone

Fax

Email

Website

Name

Title

Address

City/State/Zip

Phone

Fax

Email

Website

Company Data:

Year founded: _____ Primary line(s) of business: _____

Number of Iowa employees: _____ Value of capital assets in Iowa: \$ _____