



## MEMBERSHIP APPLICATION

**BUSINESS NAME:** \_\_\_\_\_

**FIRST & LAST NAME of**

**PRIMARY REPRESENTATIVE & TITLE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**MAILING ADDRESS (IF DIFFERENT)** \_\_\_\_\_

**CITY, STATE, ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WEBSITE ADDRESS:** \_\_\_\_\_

**BUSINESS TYPE:** \_\_\_\_\_

**YEAR BUSINESS ESTABLISHED/PURCHASED OR**

**HOW LONG IN AREA?** \_\_\_\_\_

### ANNUAL INVESTMENT SCHEDULE

Major Corporate	(20 + Employees)	\$250
Business	(11-19 Employees)	\$150
Small Business/Professional	(1-10 Employees)	\$ 75
Non-Profits/Organization		\$ 65
Family/Individuals		\$ 30

**Authorized Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Amount: \$** \_\_\_\_\_

**Call For A Member Service Representative To Visit You:** 903-849-5930

**OR**

**Mail Your Application and Investment Check To:**

**CHANDLER AREA CHAMBER OF COMMERCE  
ATTN: MEMBERSHIP SERVICES  
P.O. BOX 1500  
CHANDLER, TEXAS 75758**