

NACOGDOCHES COUNTY



CHAMBER OF COMMERCE

Membership Application

Return to: 2516 North Street, Nacogdoches TX 75965-3518
936-560-5533 936-560-3920 fax

New Member Business Name: _____

Mailing Address _____

City _____ Zip _____

Physical Address _____

City _____ Zip _____

Phone #1 _____ Phone #2 _____ Fax: _____ # Employees _____

E-mail address _____ Website: www. _____

Business Type (*see Chamber directory for examples*) _____

Membership Category (*see Dues Investment Schedule*) _____

Contact Name: _____ Title _____

Signature _____ Date _____

We hereby agree to invest \$ _____ **per year** as our fair share of carrying out the Program of Work of the Nacogdoches County Chamber. We understand this agreement is in effect until canceled by us in writing.

Payment Method: Annual Payment by Check - Check # _____ attached. \$ _____ Cash attached

Credit Card: (Circle One) *Visa MC Amex Discover* Name on Card: _____

Credit Card # _____ Expiration Date _____

Address that credit card bill goes to: _____

City _____ St _____ Zip _____

Authorized Signature _____ Date _____

Reason for joining: (*check all that apply*)

Please review, complete and return the **Membership Benefits Form** with your Chamber Membership Application.

Member contacted by: _____ (*Volunteer's name*)