Georgetown Chamber of Commerce

Please return completed application with payment to:
Zelinda Richards
1 Chamber Way, Georgetown, Texas 78626
512-930-3535(phone) ~ 512-930-3587(fax)
Zelinda@georgetownchamber.org

MEMBERSHIP APPLICATION FORM

COMPANY INFORMATION

Company Name:		**Date Established:**
Who may we thank for recruiting you?		(note: additional categories are $25 each per year)
Phone:	Category 1:	Category 2:
Fax:	Category 3:	Category 4:
Email:	Full Time Employees (#'s):	Part Time:
Website URL:	Facebook:	
Twitter:	Instagram:	

Physical Address: Publish address? Y N	Send Bills To: (we encourage email)	Mailing Address: Publish address? Y N

CONTACT INFORMATION

NAME & TITLE:	PHONE #:	EMAIL:
Primary Rep:		
Billing Rep:		
Additional Rep:		
Additional Rep:		

ANNUAL INVESTMENT INFORMATION

◯ Non Profits and Individuals (Non-Business Members)	$ 100
◯ Standard Member	$ 250
◯ Silver Ally Member	$ 1000
◯ Gold Ally Member	$ 2000
◯ Platinum Ally Member	$ 5000

DO NOT WRITE IN THIS SPACE – SHADED AREA IS FOR INTERNAL USE ONLY

Special Notes:

◯ New Member ◯ Individual ◯ Rejoin ◯ Non-Profit

Preferred Billing Cycle:

◯ Annually ◯ Semi-Annual (There is a 5% Finance Fee for this billing option)

Payment Information

VISA MasterCard AMEX DISCOVER

Check # _____ CASH

WHAT IS YOUR MAIN REASON FOR JOINING THE GEORGETOWN CHAMBER OF COMMERCE?

◯ Grow Business ◯ Networking ◯ Advertising Opportunities ◯ Economic Development

◯ Volunteer Committee ◯ Eligibility to Participate in Events ◯ Other (Please specify) _____

This membership will renew automatically on an annual basis and will remain in effect until cancelled in writing.

Authorized Signature: _____ Date: