

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:
Email:	Category 3:	Category 4:
Is this a veteran-owned business? Yes / No	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		
<input type="radio"/> Non Profits and Individuals (Non-Business Members)	\$ 100	DO NOT WRITE IN THIS SPACE – SHADED AREA IS FOR INTERNAL USE ONLY Special Notes: <input type="radio"/> New Member <input type="radio"/> Individual <input type="radio"/> Rejoin <input type="radio"/> Non-Profit
<input type="radio"/> Standard Member	\$ 250	
<input type="radio"/> Silver Ally Member	\$ 1000	
<input type="radio"/> Gold Ally Member	\$ 2000	
<input type="radio"/> Platinum Ally Member	\$ 5000	

Preferred Billing Cycle:

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

Payment Information	VISA MasterCard AMEX DISCOVER
	<input checked="" type="checkbox"/> 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: _____