

Please return completed application with payment to:
Zelinda Richards
 1 Chamber Way, Georgetown, Texas 78626
 512-930-3535(phone)
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	Billing 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"/> 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
 New Member
 Individual
 Rejoin
 Non-Profit

Payment Information	<input type="radio"/> VISA <input type="radio"/> MasterCard <input type="radio"/> AMEX <input type="radio"/> DISCOVER	<input type="radio"/> Check # _____ <input type="radio"/> CASH
----------------------------	---	--

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

Grow Business
 Networking
 Visibility
 Credibility

 Civic Responsibility
 Eligibility to Participate in Events
 Other (Please specify) _____

This membership will renew automatically on an annual basis and will remain in effect until canceled in writing. I also have reviewed the Georgetown Chamber's Terms and Conditions including Data and Privacy Policy.

Authorized Signature: _____ Date: _____