

Please return completed application with payment to:
Andria Juarez
 1 Chamber Way, Georgetown, Texas 78626
 512-930-3535(phone)
Andria@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		LinkedIn:	
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"/> New Member <input type="radio"/> Individual <input type="radio"/> Rejoin <input type="radio"/> Non-Profit
<input type="radio"/> Standard Member	\$ 300	
<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
 Bi-annual
 Quarterly

Payment 	VISA	MasterCard	AMEX	DISCOVER
	Check # _____	CASH		ONLINE

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) _____

You will receive a new invoice one month prior to the renewal date. I also have reviewed the Georgetown Chamber's Terms and Conditions including Data and Privacy Policy.

Authorized Signature: _____ Date: _____