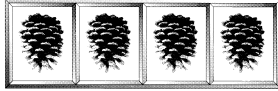


NACOGDOCHES COUNTY



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 cancelled 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 \_\_\_\_\_

**Bank Draft** (*available for annual, quarterly or monthly payments*)

Financial Institution \_\_\_\_\_ Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

I hereby authorize the Nacogdoches County Chamber to draft a sum of \$ \_\_\_\_\_ **every** \_\_\_\_\_ (**time period**).  
I understand this remains in force until canceled in writing by the above account holder on the anniversary date.

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: \_\_\_\_\_ (*Staff or volunteer's name*)