

## APPLICATION FOR MEMBERSHIP

BUSINESS NAME \_\_\_\_\_ OWNER \_\_\_\_\_

COMMUNICATION CONTACT \_\_\_\_\_ TITLE \_\_\_\_\_

BILLING CONTACT \_\_\_\_\_

BILLING EMAIL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ FAX# \_\_\_\_\_

WEB SITE \_\_\_\_\_

E-MAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_ NUMBER OF EMPLOYEES \_\_\_\_\_

**Preferred Method of Communication (Please Check one):**

- E-mail                                       E-mail & physical mail  
 Physical mail

I UNDERSTAND THAT MY ANNUAL MEMBERSHIP INVESTMENT IS DUE ON LAST BUSINESS DAY OF THE MONTH INVOICED AND THAT MY MEMBERSHIP WILL BE TERMINATED AFTER 60 DAYS PAST THE DUE DATE. DUES ARE NON-REFUNDABLE. PLEASE ASSIST US WITH KEEPING YOUR INFORMATION CURRENT.

SIGNATURE \_\_\_\_\_

**Business Type**

- |   |   |
|---|---|
| <input type="checkbox"/> (1-3 EMPLOYEES) \$75.00          | <input type="checkbox"/> (4-10 EMPLOYEES) \$110.00    |
| <input type="checkbox"/> (11-20 EMPLOYEES) \$160.00       | <input type="checkbox"/> (OVER 20 EMPLOYEES) \$240.00 |
| <input type="checkbox"/> NON-PROFIT ORGANIZATIONS \$75.00 | <input type="checkbox"/> INDIVIDUAL MEMBER \$40       |

**\*THE IRS HAS RULED CHAMBER INVESTMENTS ARE DEDUCTIBLE AS A BUSINESS EXPENSE**

MAIL APPLICATION WITH CHECK TO:  
**Brazoria Chamber of Commerce**

P.O. Box 992 202 West Smith Street Brazoria, Texas 77422  
[BrazoriaChamber@brazoriachamber.net](mailto:BrazoriaChamber@brazoriachamber.net) Phone 979-798-6100 Fax 979-798-6101