



MEMBERSHIP APPLICATION

Date: _____ Year Company Organized: _____

Name of Company: _____

Physical Address: _____ City: _____ State: _____ Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Primary Contact/Title: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____ Website: _____

Type Business/what category(s) would you like your business to be listed under (limit 4):

- | | | |
|--|---|------------------------------------|
| <input type="checkbox"/> Community Organizations | <input type="checkbox"/> Retail Goods & Professional Services | <input type="checkbox"/> Education |
| <input type="checkbox"/> Dining/Catering | <input type="checkbox"/> Special Events/Wedding Services | <input type="checkbox"/> Shopping |
| <input type="checkbox"/> Farm & Ranch | <input type="checkbox"/> Housing & Real Estate | <input type="checkbox"/> Lodging |
| <input type="checkbox"/> Culture & Entertainment | <input type="checkbox"/> Wholesale Manufacturing | |

Hours of Operation: _____

Person to receive Chamber information/title and email (if different from above): _____

Person to list in business directory/title: _____ # of full-time employees: _____

This membership shall continue until cancelled by written notice of the Board of Directors of the Schulenburg Chamber of Commerce. It is my understanding that membership investment is non-refundable and nontransferable. I also understand that membership will terminate within (60) days after receipt of statement, if annual dues are not paid. The IRS has ruled that Chamber membership investments are deductible as a business expense.

Signed: _____ Date: _____

The Schulenburg Chamber of Commerce has my permission to e-mail or fax my organization about Chamber and Community Events.

Signed: _____ Date: _____