



FLORESVILLE CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION
(Please print)

NAME: _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (if different) _____

PHONE (_____) _____ FAX _____

WEBSITE _____

EMAIL _____

TYPE OF MEMBERSHIP: Please check one

_____ Individual (non-Business) _____ Non-Profit Organization _____ Business

NAME OF BUSINESS _____

Complete the following if different from above

ADDRESS _____

BUSINESS PHONE _____ EMAIL _____

MEMBERS SIGNATURE _____ DATE _____

ANNUAL DUES

Individual (non-business, retired) \$50.00

Non-Profits (501 C status) \$30.00

BUSINESS

1-10 Employees \$150.00

11-30 Employees \$250.00

30+ Employees \$350.00

I would like to:

_____ Volunteer at Chamber Fundraisers

_____ Be on the Advisory Council

I would like to serve on a committee:

_____ Membership _____ Banquet

_____ Christmas _____ Fundraisers

*Please write 3-5 sentences about you and/or your company: _____

