

## MEMBERSHIP APPLICATION

Company: \_\_\_\_\_

Contact: \_\_\_\_\_

Address: \_\_\_\_\_ Suite: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile/Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Would you prefer to have notices regarding Chamber events e-mailed or faxed? (circle one)

Web Address: \_\_\_\_\_

**Referred by:** \_\_\_\_\_

Please select your membership amount according to the level below.

- \$50 \_\_\_\_\_ Nonprofit / Church  
\$50 \_\_\_\_\_ Business Level I (1-4 Employees)  
\$100 \_\_\_\_\_ Business Level II (5-50 Employees)  
\$200 \_\_\_\_\_ Business Level III (51-100 Employees)  
\$300 \_\_\_\_\_ Business Level IV (101 & up Employees)

- I am mailing my Membership  
 Please bill me  
 I would like to give \_\_\_\_\_% business discount to Chamber Members

The information you provide will help introduce your company product and services to other Chamber Members as well as people who visit the web site.

**Business Type/Description of Product or Services:** \_\_\_\_\_

**CREDIT / DEBIT CARD PURCHASE**

*Please fill in the information below.*

Name on card \_\_\_\_\_

Card type \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover

Card number \_\_\_\_\_

Expiration date \_\_\_\_ / \_\_\_\_

3 digit code \_\_\_\_\_

Amount of donation: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BALCH SPRINGS CHAMBER OF COMMERCE

P. O. Box 800095, Balch Springs, TX 75180

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