



CHAMBER APPLICATION

www.CantonTexasChamber.com
 Facebook: canton texas chamber of commerce
 Email: cantontxchamberofcommerce@yahoo.com

ALL CORRESPONDENCE:

119 N. Buffalo St.
 CANTON, TX. 75103
 903-567-2991

OFFICE HOURS:

Monday – Friday
 8:00 am – 5:00 pm

Business Member Information

Business Name: _____	
Physical Address: _____	
Mailing Address if Different: _____	
Phone#:	Fax#:
Website:	E-Mail:
Description of Business: _____	
Business Contact Name: _____	
Title: _____	
Phone#:	Fax#

Individual Member Information

Member Name: _____	
Member Address: _____	
Phone & Fax:	E-mail:
Preferred Contact Method: Phone _____	E-mail: _____

Membership Category (WE TAKE CASH, CHECK OR CREDIT CARDS)

Active Member: _____ Associate Member: _____ First Monday Vendor: _____ Individual: _____

As one interested in the future of Canton, TX. this application is submitted with the understanding that I am entitled to all the privileges and activities as a member of the CTCC. It is also understood it will remain in effect until written resignation is filed with the Chamber office or as is provided by the by-laws of the Chamber. All information on this application will not be shared or used for any other purpose than membership in Canton, Texas Chamber of Commerce (CTCC).

 Signature of Applicant/Date

 Signature of Sponsor/Date