

West Chambers County Chamber of Commerce

MEMBERSHIP INVESTMENT FORM

Please present to the Board of Directors this application for membership in the West Chambers County Chamber of Commerce. I agree to invest \$_____ each year until cancellation by written notice thirty (30) days prior to renewal date. I also agree to abide by the West Chambers County Chamber of Commerce By-Laws which are on file at the Chamber office for my review. I understand that failure to abide by the purpose and By-Laws of the Chamber could result in termination of my membership. It is my understanding that this investment is non-refundable and non-transferable. I also understand that membership will terminate within sixty (60) days after receipt of statement if annual dues are not paid.

Company Representative's Name _____ *Rep's Title* _____ *Rep's Signature* _____

Company Name _____

Mailing Address _____ *City* _____ *State* _____ *Zip Code* _____

Street Address _____ *City* _____ *State* _____ *Zip Code* _____

Name of Chamber Recruiter _____

Telephone Number _____ *FAX Number* _____ *Number of FULL TIME Employees* _____

Email Address _____ *Web Address* _____ *Type of Business* _____

INVESTMENT STRUCTURE

0-4 FULL TIME employees	275.00	26-40 FULL TIME employees	550.00
5-10 FULL TIME employees	350.00	41-60 FULL TIME employees	650.00
11-25 FULL TIME employees	440.00	61-100 FULL TIME employees	750.00
101+ FULL TIME employees		\$850 plus \$1 per employee	

FOR OFFICE USE ONLY

_____ Member added to Database _____ Welcome letter mailed

_____ New Member Packet delivered _____ Ribbon Cutting scheduled

Payment Information

Amount Received: \$ _____ Check # _____ or Cash _____

Received By: _____ MasterCard/Visa: _____

Notes: _____

PO Box 750 ★ Mont Belvieu ★ Texas ★ USA ★ 77580
2830 North FM 565 ★ Suite 200 ★ Mont Belvieu
281-576-5440 ★ FAX 281-576-2135 ★ www.TheWCCCC.com