



MEMBERSHIP APPLICATION

Business/Organization Name: _____

Number of Employees: _____

Primary Contact: _____

Primary e-mail: _____

Primary Phone: _____

Physical Address: _____

City, ST, Zip: _____

Mailing Address: _____

City, ST, Zip: _____

Business Description: _____

Referral Source (volunteer name, website, event, other): _____

Website: _____

Facebook Page: _____

Secondary/Billing Contact: _____

Billing e-mail: _____

Membership Package: Annual dues are based on number of employees. All employees are eligible to attend events!

_____ Resident: \$87	_____ 151-300 Employees: \$628
_____ 0 Employees: \$230	_____ 300+ Employees: \$949
_____ 1-15 Employees: \$249	_____ Second Business - Same Owner: \$218
_____ 16-30 Employees: \$286	_____ Optional 2nd Category: \$70
_____ 31-75 Employees: \$380	
_____ 76-150 Employees: \$436	

Make checks payable to: Greater Hewitt Chamber of Commerce: PO Box 661, Hewitt, TX 76643, or call the staff at (254) 666-1200 to submit payment by credit card.

Signature: _____

By signing above, I understand my dues support the chamber's mission, community development efforts and entitles me to one year of membership. Dues are nonrefundable as they support the chamber's operating budget.