



MEMBERSHIP APPLICATION

Business/Organization Name: _____

Number of Employees: _____

Primary Contact: _____

Birthday: _____

Primary e-mail: _____

Primary Phone: _____

Physical Address: _____

City, ST, Zip: _____

Mailing Address: _____

City, ST, Zip: _____

Business Description: _____

Website: _____ Facebook: _____

Secondary/Billing Contact: _____

Billing e-mail: _____

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

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

_____ Resident/No business benefits: \$114
 _____ 0 Employees: \$303
 _____ 1-15 Employees: \$328
 _____ 16-30 Employees: \$378
 _____ 31-75 Employees: \$501
 _____ 76-150 Employees: \$576

_____ 151-300 Employees: \$828
 _____ 300+ Employees: \$1,254
 _____ Second Business - Same Owner: \$288
 _____ Optional 2nd Category: \$92
 _____ Optional Scholarship Donation: \$ _____

Pay here by card and op-in to auto renewal: _____ Card # _____

Billing Address: _____ CVV: _____

Make checks payable to: Greater Hewitt Chamber of Commerce: PO Box 661, Hewitt, TX 76643

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.