



MEMBERSHIP APPLICATION

Business/Organization Name: _____ Number of Employees: _____

Primary Contact: _____ Birthday: _____

Primary e-mail: _____ Phone: _____

Physical Address: _____

City, ST, Zip: _____

Mailing Address: _____

City, ST, Zip: _____

Business Description: _____

Category: _____

Website: _____ Facebook: _____

Secondary/Billing Contact: _____

Billing e-mail: _____

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

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

_____ Resident/No business benefits: \$120	_____ 151-300 Employees: \$877
_____ 0 Employees: \$321	_____ 300+ Employees: \$1,328
_____ 1-15 Employees: \$374	_____ Second Business - Same Owner: \$305
_____ 16-30 Employees: \$400	_____ Optional 2nd Category: \$97
_____ 31-75 Employees: \$531	_____ Optional Scholarship Donation: \$ _____
_____ 76-150 Employees: \$610	

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 applying, 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.

I accept the responsibilities and expectations of a member described on the join page of Hewittchamber.com. Once an approved member of The Greater Hewitt Chamber of Commerce, I support GHCO's purpose, as stated in the Mission Statement.