



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: \$122
_____ 0 Employees: \$327
_____ 1-15 Employees: \$381
_____ 16-30 Employees: \$408
_____ 31-75 Employees: \$542
_____ 76-150 Employees: \$622

_____ 151-300 Employees: \$895
_____ 300+ Employees: \$1,355
_____ Second Business - Same Owner: \$311
_____ Optional 2nd Category: \$99/each
_____ Optional Scholarship Donation: \$ _____
_____ Optional Business Grant Donation: \$ _____

E-mail me a link to pay online (yes/no): _____

E-nroll for auto-renewal (yes/no): _____

I will mail a check (yes/no): _____

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.