



Membership Application

Date: _____

Business Name: _____

Primary Contact Name and Title: _____

Mailing Address: _____

Physical Address: (if different) _____

Email Address: _____

Business Phone: _____ Fax #: _____

Cell/Other Phone: _____

Website Address: _____

Preferred Method of Contact: <input type="checkbox"/> Print <input type="checkbox"/> Email
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Business Category and Description: Category is used on our website and in the Community Directory to identify your business by "Type". Three lines of text are posted on our website to describe your business. You may also submit a logo or photo for your listing.

Best Time of Day to Participate: <input type="checkbox"/> Morning <input type="checkbox"/> Lunch <input type="checkbox"/> Afternoon <input type="checkbox"/> After Hours/
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Briefly describe what you expect or hope to achieve as a Greater Keller Chamber Member:

Membership Investment: \$ _____
 One-time Application Fee: \$ _____ \$25.00
 Business Website Link from
 Keller Chamber Website \$ (Optional) \$40.00
Total: \$ _____

Method of Payment: Cash _____ Check # _____ Payable to: Greater Keller Chamber of Commerce Credit Card # (Visa or MasterCard) exp: _____ Billing Address: _____ _____
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Payment must be received at the time of membership application. This membership investment for the Greater Keller Chamber of Commerce is continuous from the Effective Date forward unless cancelled in writing 60 days prior to Anniversary Date. Please call the Chamber office for more information about joining the Chamber at 817-431-2169.