

MEMBERSHIP APPLICATION

We accept your invitation to become a Chamber member and understand that our membership is continuous until written resignation is submitted.

Date _____

Firm or individual's name _____

Street Address _____

Mailing Address _____

City, State, Zip Code _____

Key Contact Person _____

Title _____

Telephone _____

Fax Number _____

Month and Day of Birth (for B'day in newsletter) _____

E-mail address _____

Web-site address _____

Link to Chamber web-site? Yes No

Type of Business _____

Additional Representatives _____

Business Information for Historical Files

Type of Business (for Directory) _____

Year business established _____

Number of employees in Whitesboro Area _____

Permanent Part-time

Signature _____

Please print copy and mail with dues to:

Whitesboro Area Chamber of Commerce
P.O. Box 522
Whitesboro, TX 76273