

**MINERAL WELLS CHAMBER OF COMMERCE
APPLICATION FOR MEMBERSHIP**

BUSINESS NAME _____

CONTACT PERSON _____

MAILING ADDRESS _____

PHYSICAL ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____ - _____ FAX (____) _____ - _____

MOBILE PHONE (____) - _____

WEB _____ EMAIL _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES: Full-time _____ Part-time _____

DATE BUSINESS WAS ESTABLISHED _____

PAYMENT SCHEDULE: Annually Semi-Annually (Please circle one)

MAIN REPRESENTATIVE _____

TITLE _____

SIGNATURE _____

Please list any other representatives for your company and their titles:

(INTERNAL ONLY) OFFICE CHECKLIST: Processed by: _____

DATE JOINED _____ ANNUAL DUES _____

RECRUITED BY _____ DATE _____

ADDED TO MAILING LABELS LIST

ADDED TO E-MAIL LIST

