

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

COMPANY NAME _____

CONTACT PERSON _____

STREET ADDRESS _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

TYPE OF BUSINESS _____

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

E-MAIL _____ WEB _____

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:

You will find a copy of membership benefits and a list of committees with a committee preference sheet. If you would like to be considered to serve on a committee, please fill out the preference sheet and return it to the Chamber office: P.O. Box 1408, Mineral Wells, TX 76067.

To be filled out by Chamber:

DATE JOINED _____ ANNUAL DUES _____

RECRUITED BY _____ DATE _____

