



107 Hall Rd. Seagoville, TX 75159 Phone: (972) 287-5184 Fax: (972) 287-5815

BUSINESS MEMBERSHIP

Business Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Representative's Name: _____

Billing Address (if different): _____

INDIVIDUAL MEMBERSHIP

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

ANNUAL MEMBERSHIP FEE CHART

\$25.00	Individual Membership
\$100.00	Non-Profit Organization, School, Church, Etc.
\$150.00	Business Membership, One to Ten Employees
\$200.00	Eleven to One Hundred Employees
\$500.00	One Hundred One to Three Hundred Employees
\$700.00	Three Hundred One Employees and over

Signature: _____ Date: _____

Return this application along with your membership fees to the address listed above.
If you have any questions, please feel free to call the Chamber Office.