

# ENNIS CHAMBER OF COMMERCE

*Your guide to the E-life!*

## ENNIS CHAMBER OF COMMERCE Membership Form

Company/Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Website: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

### Categories for Annual Chamber Dues Investments

-Individuals/Couples	\$50 per year	<b>-Banks-</b>		<b>-Industries -</b>	
-Non-Profits/Churches	\$50 per year	0-50 Deposits	\$750 per year	200+ Employees	\$2,000 per year
-Businesses		50+ Deposits	\$1000 per year	300+ Employees	Negotiable
1-10 Employees	\$150 per year	-Public Utilities	\$1000 per year		
11-25 Employees	\$200 per year	-Major Retail Chains	\$1000 per year		
26- 50 Employees	\$250 per year	-Hotel/Motel/Apartments			
51-100 Employees	\$500 per year	and Nursing Homes	\$250 per year		
101+ Employees	\$1000 per year	-New Car Dealer	\$500 per year		
Associate Membership	\$75 per year				

The undersigned hereby applies for membership in the **Ennis Chamber of Commerce**. I have enclosed a check for \$ \_\_\_\_\_ for the payment of the first 12 month's dues. I understand my membership will be renewed annually in the month in which I joined unless I cancel my membership, in advance, in writing. Non-payment of dues past 90 days will result in membership termination.

\_\_\_\_\_  
Signed Date

Please list the company employees with their titles who will be listed as company representatives.

1. Name: \_\_\_\_\_ Title \_\_\_\_\_

2. Name: \_\_\_\_\_ Title \_\_\_\_\_

3. Name: \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_H.O \_\_\_Dir. \_\_\_Excel \_\_\_QB \_\_\_E-mail \_\_\_Intro Lett \_\_\_Paid \_\_\_W.S