

MEMBERSHIP APPLICATION

COMPANY INFORMATION FOR OUR CHAMBER MEMBERSHIP DIRECTORY (AS IT WILL APPEAR ON WEBSITE/DIRECTORY)

Company Name: _____ For-Profit Nonprofit

Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ Website: _____

Industry Classification Category: _____

Second Classification Category: _____

of Employees: _____ Women-Owned Veteran-Owned Minority-Owned _____

A SECOND CATEGORY IS AN ADDITIONAL \$25 FOR GENERAL MEMBERS AND COMPLIMENTARY TO INVESTOR LEVEL MEMBERS. THEY ARE ONLY LISTED IN THE ONLINE BUSINESS DIRECTORY AT ARLINGTONTX.COM.

PRIMARY MEMBER REPRESENTATIVE CONTACT INFORMATION

Mr / Ms / Dr / Hon Name: _____ Phone Number: _____

Title: _____ Email: _____

MEMBERSHIP CATEGORIES & DUES SCHEDULE (CHECK THE BOX BELOW FOR YOUR SELECTED LEVEL OF MEMBERSHIP)

Important Note: General membership does NOT extend membership benefits to multiple locations and businesses under one ownership. Please call 817-543-4295 for information on our corporate investment options.

Full Time Employees	Annual Dues	Full Time Employees	Annual Dues	Corporate Level	Annual Dues
<input type="checkbox"/> 1 - 3	\$350	<input type="checkbox"/> 51 - 100	\$700	<input type="checkbox"/> 1 - 15 OR Nonprofit	\$1,500
<input type="checkbox"/> 4 - 10	\$400	<input type="checkbox"/> 101 - 200	\$800	<input type="checkbox"/> 16+ FT Employees	\$3,000
<input type="checkbox"/> 11 - 20	\$500	<input type="checkbox"/> 200+	\$900	<input type="checkbox"/> Executive Level	\$6,000
<input type="checkbox"/> 21 - 50	\$600	<input type="checkbox"/> Nonprofit	\$300	<input type="checkbox"/> President's Level	\$12,000

APPLICANT INFORMATION: The Greater Arlington Chamber of Commerce is an advocacy organization for business. Membership investments in the Chamber are not a charitable tax deduction for federal income tax purposes, but a portion is deductible as a business expense. Since the Chamber engages in lobbying, under federal law, 15% of your investment is non-deductible, 85% is deductible.

BILLING INFORMATION My Billing Address is the same as above (IF YES, SKIP ADDRESS DETAILS BELOW.)

Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Annual Dues \$ _____ + \$25 (GENERAL MEMBER SECOND CATEGORY - OPTIONAL) = _____ (TOTAL)

Form of Payment: Check Cash Visa MasterCard AMEX Discover

Card Number: _____ Exp: _____ CVV: _____

AUTHORIZATION: I, the undersigned, do hereby apply for membership in the Greater Arlington Chamber of Commerce. In doing so, I understand that membership in the Chamber is subject to the approval of the Board of Directors; that the benefits of membership may be changed at the discretion of the Board; that membership is based on satisfactorily paying annual dues pursuant to a schedule established by the Board of Directors; and that I understand and agree to abide by the policies established by the Board of Directors for the Chamber, and to support the aims and purpose of the organization.

PRINTED NAME _____ SIGNATURE _____

TITLE _____ DATE _____ REFERRAL _____