

CHAMBER MEMBERSHIP

Chamber of Commerce membership Application

Company _____
 (as it should appear in the directory)

Address _____

Billing, if different _____

City _____ State _____ Zip+4 _____

Indicate preferred method of contact: mail e-mail fax

Phone (_____) _____

Fax (_____) _____

E-mail _____

Website _____

Contact Name _____

Title _____

Additional Reps _____

Business Type and Description _____

Number of Employees, Full-Time _____ Part-Time _____

Amount of Dues \$ _____ Check

Administrative Fee \$ 25.00 Visa

Total \$ _____ MasterCard

Am. Express

Card # _____

Expiration Date _____

Name on Card _____

Reason for Joining

- Member Benefits/ Discounts
- Business Assistance
- Networking/Advertising Opportunities
- Programs
- Training/ Education
- Other, please list _____

Member Involvement

Please indicate areas of interest

- Event Planning – (i.e. Fun Day, Holidays in Celina)
- Chamber Membership Development
- Business Development Committee
- Golf Tournament Committee
- Business Education and Training
- Chamber Luncheons
- Business after Hours Host

\$200 Basic Membership	\$350 Red Star Membership
\$750 White Star Membership	\$1,250 Blue Star Membership
\$2,500 Texas Star Package	\$200 Non-Profit Organizations
\$150 Individual	\$200 Public Officials

Make checks payable to Greater Celina Chamber of Commerce

Greater Celina Chamber of Commerce
P. O. Box 1476
Celina, Texas 75009
972-382-3600
Fax: 972-382-3600
Website: www.celinachamber.org

Office Use Only

Date Ck. Rec'd _____

Amt Paid _____

Ribbon Cutting Date _____

Plaque/year plate sent _____