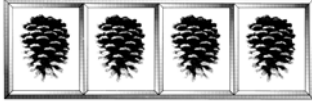


Date _____

NACOGDOCHES COUNTY



CHAMBER OF COMMERCE

Membership Application

Return to: 2516 North Street • Nacogdoches TX 75965-3518
936-560-5533 • 936-560-3920 fax

Mailing Address _____

City _____ Zip _____

Physical Address _____

City _____ Zip _____

Phone #1 _____ Phone #2 _____ Fax: _____ # Employees _____

E-mail address _____ Website: www. _____

Business Type (*see Chamber directory for examples*) _____

Membership Category (*see Dues Investment Schedule*) _____

Contact Name: _____ Title _____

Signature _____ Date _____

We hereby agree to invest \$ _____ **per year** as our fair share of carrying out the Program of Work of the Nacogdoches County Chamber. We understand this agreement is in effect until cancelled by us in writing.

Payment Method

Annual Payment by Check Check # _____ attached. \$ _____ Cash attached

Credit Card: *Visa MC Amex Discover* Name on Card: _____
(Circle One)

Credit Card # _____ Expiration Date _____

Address that credit card bill goes to: _____

City _____ St _____ Zip _____

Authorized Signature _____ Date _____

Bank Draft (*available for annual, quarterly or monthly payments*) _____
Routing Number _____

Financial Institution _____ Account Name _____ Account Number _____

I hereby authorize the Nacogdoches County Chamber to draft a sum of \$ _____ **every** _____ (**time period**).
I understand this remains in force until canceled in writing by the above account holder on the anniversary date.

Authorized Signature _____ Date _____

Office use only: member contacted by _____ (*staff or volunteer's name*)

reMember listing Website listing Website ID # _____