

Membership Application

Today's Date _____

Company Name _____

Contact Name _____

Mailing Address _____

Physical Address _____
(If different from above)

Phone _____ Fax _____

E-mail Address _____

Website Address _____

Business Category _____

of Employees: _____ Full-time _____ Part-time

You may pay by Check, MasterCard or Visa, please indicate:
CHECK MC VISA (circle one) Expiration Date: _____

Card # _____

Signature _____

ANNUAL INVESTMENT \$ _____
(From Membership Investment Guide)

ADMINISTRATIVE FEE \$ 35.00

TOTAL INVESTMENT \$ _____

**Would you like to become a task force
or special event volunteer?**

_____ YES _____ No, not at this time

Area of Interest:

___ Golf Tournament ___ Style Show ___ Membership
___ Legislation ___ Annual Banquet ___ Leadership Kerr County
___ Education ___ Ambassadors



Kerrville
KERRVILLE AREA CHAMBER OF COMMERCE

It's all right here.