

2022 EVANT CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Renewing membership? YES NO Interested in volunteering? YES NO

New membership? YES NO Areas of interest: _____

Please complete application for the desired membership type:

INDIVIDUAL or COUPLE MEMBERSHIP (\$50)

Individual(s) Name: _____

Cell Phone#: _____ Spouse Cell: _____

Email: _____ Spouse Email: _____

Mailing address: _____ City: _____ ZIP: _____

❖ **Would you want to be listed as a member on the Chamber's website?** YES NO

BUSINESS MEMBERSHIP (\$75)

Business Name: _____

Business Phone: _____ Contact Email: _____

Business Mailing address _____ City _____ ZIP _____

❖ **Would you like your business advertised on the Chamber's website and social media platforms?** YES NO

If yes, please provide the wording for your business services/purpose:

BENEFACTOR MEMBERSHIP (\$250)

Name/Business Name: _____

Phone: _____ Contact Email: _____

Mailing address: _____ City: _____ ZIP: _____

❖ **Would you want to be listed as a member on the Chamber's website?** YES NO

Authorized Signature: _____ Date: _____

Print Completed Application, Sign, Date, and Return with Payment To:

Evant Chamber of Commerce PO Box 111, Evant, TX 76525 Contact: evantchamberinfo@gmail.com

THANK YOU FOR SUPPORTING YOUR LOCAL CHAMBER OF COMMERCE & BUSINESS COMMUNITY