



MEMBER APPLICATION

DATE: _____

NAME OF BUSINESS / INDIVIDUAL (please circle one): _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____

E-MAIL ADDRESS: _____

PERSON TO WHOM NEWSLETTER SHOULD BE SENT: _____

AUTHORIZED REPRESENTATIVES (person authorized to vote of behalf of business): _____

PHYSICAL ADDRESS: _____

PRODUCTS & SERVICES: _____

PRINCIPALS: _____

YEAR BUSINESS BEGAN: _____

BRIEF HISTORY OF BUSINESS: _____

OTHER INFORMATION: _____

WOULD YOU BE INTERESTED IN PURCHASING ADVERTISING SPACE IN THE DIRECTORY? YES NO

WOULD YOU BE INTERESTED IN SPONSORING A MONTHLY MEMBERSHIP MEETING? YES NO

SIGNATURE OF OWNER: _____

PLEASE RETURN TO: Keene Chamber of Commerce P.O. Box 817 Keene, TX 76059 (817) 556-2995 www.keenechamber.org
Individuals: \$36
Businesses: 0-5 Employees \$60.00 6-12 Employees \$120 13+ Employees \$180.00