



Please return completed application with payment to:
Jessica Haile
 101 N. Pierce St., Burnet, Texas 78611
 512-756-4297(phone)
 Jessica@burnetchamber.org

MEMBERSHIP APPLICATION FORM

COMPANY INFORMATION

| | | | |
|--|--|------------------------|--|
| Company Name: _____ | | Website: _____ | |
| Email: _____ (note: There is no charge to be listed in multiple categories.) | | | |
| Phone: _____ | | Category 1: _____ | |
| Facebook: _____ | | Category 2: _____ | |
| Twitter/ Instagram: _____ | | Category 3: _____ | |
| Info about your business for the Chamber website: _____ _____ _____ | | | |
| Physical Address: Publish address? Y N _____ | | Billing Address: _____ | |

CONTACT INFORMATION

| NAME & TITLE: | PHONE #: | EMAIL: |
|--------------------------|-----------------|---------------|
| Primary Rep: _____ | _____ | _____ |
| Billing Rep: _____ | _____ | _____ |
| Additional Rep: _____ | _____ | _____ |
| Additional Rep: _____ | _____ | _____ |

ANNUAL INVESTMENT INFORMATION

| CATEGORY: | AMOUNT: | SHADED AREA IS FOR INTERNAL USE ONLY |
|--|---------|--|
| <input type="radio"/> Non-Profits and Individuals (Non-Business Members) | \$65 | Payment Info: Credit card Check # _____ Cash Amount of Dues Paid \$ _____ thru _____ Ribbon cutting date: _____ Sticker _____ Letter _____ Website _____ QB _____ CTCT _____ Excel _____ Special Notes: _____ |
| <input type="radio"/> Standard Membership | \$170 | |
| <input type="radio"/> Silver Membership | \$300 | |
| <input type="radio"/> Gold Membership | \$500 | |

WHAT IS YOUR MAIN REASON FOR JOINING THE BURNET CHAMBER OF COMMERCE?

Grow Business Networking Visibility Credibility
 Civic Responsibility Other (Please specify) _____

This membership will renew automatically on an annual basis and will remain in effect until cancelled in writing.

Authorized Signature: _____ Date: _____