

# BELLMEAD CHAMBER OF COMMERCE

P. O. BOX 154615 BELLMEAD, TX 76715-4615

E-Mail: [office@bellmeadchamber.com](mailto:office@bellmeadchamber.com)

## MEMBERSHIP APPLICATION

Date: \_\_\_\_\_

TYPE OF MEMBERSHIP:    \_\_\_\_\_ Business    \_\_\_\_\_ Individual

FIRM/PERSON'S NAME: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NO. (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

WEBSITE: \_\_\_\_\_ E-MAIL : \_\_\_\_\_

APPROXIMATE NUMBER OF EMPLOYEES:

\_\_\_\_\_ FULL TIME    \_\_\_\_\_ PART TIME

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The undersigned applied for membership in and agrees to pay to the Bellmead Chamber of Commerce \$\_\_\_\_\_ annually. This membership agreement shall remain in force as long as the member investment is current and good personal and business practices are adhered to. Also, the Chamber reserves the right to cancel any membership which it deems non-compliant with its standard ethics and business creed.

This membership will become due annually on the month and day of this application.

BUSINESS OWNER SIGNATURE: \_\_\_\_\_

CHAMBER SPONSOR: \_\_\_\_\_