



Member Application Form

P.O. Box 1270 | 1801 Trinity Street | Liberty, Texas 77575 | Phone 936-336-5736 / 936-336-1159 (fax)
E-mail: chamber@imsday.com | Web: www.libertydaytonchamber.com

Membership Record

We subscribe \$_____ Please bill us ___

___ Monthly ___ Quarterly ___ Semi-Annually ___ Annually

Date Business Started _____

Number of Full-Time Employees _____ Part Time _____

Firm Name _____

Street
Address _____

Mailing
Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____ Cell _____

Designated Representative _____

Title _____

Preferred Chamber Directory Category _____

Web Site _____

E-Mail _____

Signed by: _____

Print Name: _____

Date _____ Title _____

Note: Subscriptions are payable in advance and are continuous unless canceled in writing in advance of due date.

- **Business Membership**—Annual Base Dues are \$180.00 per year, which includes the first 10 employees. Each employee over ten - \$5.00 each full time employee, \$2.50 each part-time employee.
- **Financial Classification** - based on assets (to be negotiated).
- **Apartments, Motels, Hospitals & Convalescent Hospitals** - \$180.00 per year + \$5.00 per unit based on average annual occupancy.
- **Utility Companies** - to be negotiated.
- **Individual Membership** - \$75.00.