

MEMBERSHIP APPLICATION

Team Name: _____

Individual Referral: _____

COMPANY INFORMATION FOR OUR CHAMBER MEMBERSHIP DIRECTORY (AS IT WILL APPEAR ON WEBSITE/DIRECTORY)

Company Name: _____ ☐ For-Profit ☐ Nonprofit

Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____ Website: _____

Industry Classification Category: _____

A SECOND CATEGORY IS AN ADDITIONAL \$25 FOR GENERAL MEMBERS AND COMPLIMENTARY TO INVESTOR LEVEL MEMBERS. THEY ARE ONLY LISTED IN THE ONLINE BUSINESS DIRECTORY AT ARLINGTONTX.COM.

Second Classification Category: _____

of Employees: _____ ☐ Women-Owned ☐ Veteran-Owned ☐ Minority-Owned _____

PRIMARY MEMBER REPRESENTATIVE CONTACT INFORMATION

Mr / Ms / Dr / Hon Name: _____ Phone Number: _____

Title: _____ Email: _____

MEMBERSHIP CATEGORIES & DUES SCHEDULE (CHECK THE BOX BELOW FOR YOUR SELECTED LEVEL OF MEMBERSHIP)

Important Note: General membership does NOT extend membership benefits to multiple locations and businesses under one ownership. Please call 817-543-4295 for information on our corporate investment options.

Full Time Employees	Annual Dues	Full Time Employees	Annual Dues	Corporate Level	Annual Dues
☐ 1 - 3	\$350	☐ 51 - 100	\$700	☐ 1 - 15 OR Nonprofit	\$1,500
☐ 4 - 10	\$400	☐ 101 - 200	\$800	☐ 16+ FT Employees	\$3,000
☐ 11 - 20	\$500	☐ 200+	\$900	☐ Executive Level	\$6,000
☐ 21 - 50	\$600	☐ Nonprofit	\$300	☐ President's Level	\$12,000

APPLICANT INFORMATION: The Greater Arlington Chamber of Commerce is an advocacy organization for business. Membership investments in the Chamber are not a charitable tax deduction for federal income tax purposes, but a portion is deductible as a business expense. Since the Chamber engages in lobbying, under federal law, 15% of your investment is non-deductible, 85% is deductible.

BILLING INFORMATION ☐ My Billing Address is the same as above (IF YES, SKIP ADDRESS DETAILS BELOW.)

Address: _____ Suite: _____ City: _____ State: _____ Zip: _____

Annual Dues \$ _____ + \$25 (GENERAL MEMBER SECOND CATEGORY - OPTIONAL) = _____ (TOTAL)

Form of Payment: ☐ Check ☐ Cash ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Card Number: _____ Exp: _____ CVV: _____

AUTHORIZATION: I, the undersigned, do hereby apply for membership in the Greater Arlington Chamber of Commerce. In doing so, I understand that membership in the Chamber is subject to the approval of the Board of Directors; that the benefits of membership may be changed at the discretion of the Board; that membership is based on satisfactorily paying annual dues pursuant to a schedule established by the Board of Directors; and that I understand and agree to abide by the policies established by the Board of Directors for the Chamber, and to support the aims and purpose of the organization.

PRINTED NAME

SIGNATURE

TITLE

DATE