



# Membership Application

## Business/Non-Profit Applicant

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Preferred Contact Person: \_\_\_\_\_

Additional Contact Person (if any): \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Facebook Page: Y or N Facebook Page Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_ # of Full Time Employees: \_\_\_\_\_  
(i.e., Insurance, Retail, Physician, Real Estate, etc)

I DO NOT want my business promoted on CACC's Website, Social Media, Etc.

I am interested in being contacted to be on committee's (i.e., Pioneer Day, Jammin' on the Square, Christmas on the Square).

RENEWAL BILLING OPTIONS:  Mail a bill and I will pay by check -or-  Email a bill & I will pay online (to the email above)

## Individual Applicant

Individual Name: \_\_\_\_\_ Senior Applicant? Y / N (62 and over)

Mailing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

I DO NOT wish to be promoted on CACC's Website, Social Media, Etc.

I am interested in being contacted to be on committee's (i.e., Pioneer Day, Jammin' on the Square, Christmas on the Square).

ANNUAL BILLING OPTIONS:  Mail a bill and I will pay by check -or-  Email a bill & I will pay online (to the email above)

## Annual Membership Dues

Business Membership		Individual Membership	
1-5 Employees	\$100	Non- Profit	\$50
6-10 Employees	\$150	Senior (62 and over)	\$30
11+	\$200		

Membership application including dues may be mailed to:  
 Collinsville Area Chamber of Commerce · PO Box 65 · Collinsville, TX 76233  
 (903) 429-3200

## Office Use Only (Please Give to the Secretary)

Date Application Received:		Enter on Spreadsheet		Send Copy to Treasurer	
Date Money Received:		Send Welcome Email		Treasurer – Add to Quickbooks	
Date Directors Voted:		Ribbon Cutting		Treasurer – Add to Quickbooks Recurring	
Voting Results:		Enter into Monthly Report		Send Copy to Public Relations Officer	