



DENTON CHAMBER OF COMMERCE

414 Parkway

Denton, Tx 76201

Tel 940-382-9693 Fax 940-382-0040

MEMBERSHIP APPLICATION FORM

(Complete and return to the Chamber. Please Print or Type.)

Business Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Primary (_____) _____ Alternate (_____) _____

Toll Free (_____) _____ Fax # (_____) _____

Company Email Address: _____

Website: _____

Brief Business Description: _____

Member Directory Listing Business Categories: (You may list up to 3 Categories from the attached list.)

Category No. 1 _____ Category No. 2 _____ Category No. 3 _____

Total Number of Employees: _____ (For Informational Purposes ONLY: _____ F/T _____ P/T)



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Membership Investment (Per Membership Investment Schedule Attached):

Membership Level: _____ Amount \$ _____

Additional Representatives: _____ @ \$120 each Amount \$ _____

Total Annual Investment Amount \$ _____

****Your membership will be activated when payment is received in full.**

Method of Payment: Check Cash Visa Mastercard American Express

____ I hereby Authorize the Denton Chamber of Commerce to Charge my credit card for \$ _____

Credit Card # _____ Expiration Date: _____ CVV2 # _____

Card Billing Zip Code: _____

Authorized Signature: _____ Date: _____

Representatives: Please check the Membership Investment Schedule for the number of representatives Included with each membership level.

Primary:

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Title: _____ Contact Preference: Email Telephone Mail

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #1 (_____) _____ Telephone #2 (_____) _____

Fax # (_____) _____ Cell Number (_____) _____



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Representative #2:

Prefix: _____ First Name: _____ Last Name: _____ Suffix: _____

Title: _____ Contact Preference: ___ Email ___ Telephone ___ Mail

Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone #1 (_____) _____ Telephone #2 (_____) _____

Fax # (_____) _____ Cell Number (_____) _____

** For Additional Representatives, Please use Additional Representative Sheet.

I Authorize the Chamber to release my contact information electronically.

Terms and Conditions of Membership:

By signing the membership application, I agree to all the terms and conditions of membership. As a member, I agree to maintain my membership in "Good Standing". A member in "**Good Standing**" will be defined as a Member that does not have invoices over 90 days old from the invoice date for membership investment, sponsorship fees, advertising, event tickets, and fees for any other service or product offered by the Chamber and the membership status is "Active". A member that is not in "Good Standing" may be subject to the suspension of all Chamber activities, events, publications, website directory and sponsorships.

Primary Representative Signature: _____ Date: _____

Remember to check the chamber website at www.denton-chamber.org for up to date information on upcoming chamber events and the membership online directory.

Thank you for joining the Denton Chamber of Commerce.