



Application for Membership
Alamo Chamber of Commerce
956-787-2117
Email: alamotx.members.chamber@gmail.com

(PLEASE PRINT)

Date: _____

Business Name: _____ Phone: _____

Type of Business: _____

Owner: _____ Contact Person: _____

Mailing Address: _____ City: _____ ST: _____ Zip: _____

Physical Address: _____ City: _____ Zip: _____

Contact phone: _____ Cell: _____ E-Mail: _____

How long in business: _____ Number of employees: _____

Web page address: _____ Social Media Handles: _____

Voting Representative: _____

Category listings on the Chamber web page directory: _____

Brief description of your business for the Chamber web page: _____

- | | |
|--------------------------------------|-------------|
| Business with over 50 employees----- | \$500 _____ |
| Business with 15-50 employees ----- | \$250 _____ |
| Business with 1-14 employees ----- | \$125 _____ |
| Service organization ----- | \$50 _____ |
| Individual ----- | \$50 _____ |
| Winter Texan ----- | \$15 _____ |

Credit Card Payment:

Name on Card: _____ CC#: _____

Exp.: _____ CVC: _____ Zip Code: _____

Signature _____ Date: _____

MAKE CHECK PAYABLE TO: ALAMO CHAMBER OF COMMERCE (THANK YOU)