



Membership Application

401 Main Street
79359
Helping Improve Our City...

Seagraves, Texas
PO BOX 156
Toward a Brighter Future!

APPLICANT INFORMATION		
Full Name:		
Date of birth:	Phone:	Alt. Phone:
Current address:		
City:	State:	ZIP Code:
EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
EMERGENCY CONTACT		
Name:		
Address:		Phone:
City:	State:	ZIP Code:
SPOUSE INFORMATION IF JOINT MEMBERSHIP		
Name:		
Date of birth:	Phone:	Alt. Phone:
SPOUSE EMPLOYMENT INFORMATION		
Current employer:		
Employer address:		How long?
Phone:	E-mail:	Fax:
City:	State:	ZIP Code:
HOW DID YOU HEAR ABOUT SEAGRAVES CHAMBER OF COMMERCE?		
Name	Address	Phone
SIGNATURES		
Signature of applicant:		Date:
Signature of spouse (only if for a joint membership):		Date:
Signature of Chamber Representative:		Date:
MEMBERSHIP DUES		
<input checked="" type="checkbox"/> 1 YEAR MEMBERSHIP.....\$30.00	<input checked="" type="checkbox"/> 1 YEAR MEMBERSHIP W/SPOUSE.....\$50.00	<input checked="" type="checkbox"/> 1 YEAR BUSINESS MEMBERSHIP.....\$100.00
PAID IN FULL ____/____/____	PAID IN FULL ____/____/____	PAID IN FULL ____/____/____
MEMBERSHIP EXPIRES ____/____/____	MEMBERSHIP EXPIRES ____/____/____	MEMBERSHIP EXPIRES ____/____/____