



APPLICATION FOR MEMBERSHIP

Name of Firm /Organization/Individual: _____

Contact Person: _____ Email: _____

Mailing Address _____

Telephone No: _____ Website: _____

Number of Employees: _____ (excluding voting member)

I hereby subscribe to the sum of \$_____ annually; payable when application is submitted to the Port Neches Chamber of Commerce.

Please check your classification of choice:

A	Non-Profit Organization	\$100.00	
B	Church	\$100.00	
C	Individual	\$75.00	
D	Business Professional <i>(Self-employed and/or 2nd Business)</i>	\$75.00	
E	Business Professional <i>(10 or less)</i> <i>(10 or more employees)</i>	\$175.00	
		\$250.00	
F	Corporate	\$300.00	

Membership date: _____

 Representative Name
 Owner/ Office Manager/ Secretary

 Sponsor Name
 Chamber Representative

If you would like to join in the efforts to build a community as a member of the Chamber of Commerce, please return this application with payment to:

Port Neches Chamber of Commerce
 P.O. Box 445, Port Neches, TX 77651
 Office: (409) 722.9154
 Email: pncoc@swbell.net

Chamber Use Only: CC/Email _____ Directory _____ Labels _____ Website _____ Sticker _____ Calendar _____

Form of payment: Check _____ Cash _____ Credit Card _____