

**Fayetteville Chamber of Commerce
Membership Application**

Date: _____ Year Company Organized: _____

Name/Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

Primary Contact/Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ Web Site: _____

Type of Business: _____

Hours of Operation: _____

Person to receive Chamber information/title & e-mail (if different from above): *Note, unless otherwise directed your signature below authorizes the chamber to contact you via mail, email, phone and/or fax:*

Check one:

- Senior \$5**
- Individual \$20**
- Couple \$40**
- Non-profit \$20**
- Business \$50**

The membership shall continue until cancelled by written notice of the executive committee of the Fayetteville Chamber of Commerce. I understand the membership is non-refundable and non-transferable. I also understand membership is continuous and I will be invoiced each anniversary of my initial application. The IRS has ruled Chamber membership investments are deductible as a business expense.

Signed: _____ Date: _____

Fayetteville Chamber of Commerce
PO Box 217, Fayetteville, Texas 78940
1-888-575-4553 www.fayettevilletx.com