

POST AREA CHAMBER OF COMMERCE

Serving Post and Garza County

MEMBERSHIP APPLICATION

Business Name: _____
(If applying for individual membership, individual's name)

Contact Name: _____

Type of Business: _____

Hours of Operation: _____

Mailing Address: _____

Physical Address (if different): _____

Telephone: _____ Fax: _____

Email address: _____
(Please print – for Chamber business only)

Membership Level:

- Individual (\$50/yr)
- Non-Profit (\$75/yr)
- Silver (\$120/yr)
- Gold (\$300/yr)
- Platinum (\$500/yr)
- Premier (\$1,000/yr)
- C.W. Post Visionary (\$2,500/yr)
- Payment attached
- Please bill me

Your Signature: _____ Date: _____

Please send your application to: **PACC, P. O. Box 610, Post, TX 79356**

I am interested in serving on a Chamber action committee. Please notify me of these opportunities.

As a Chamber member, my areas of interest are (check all that apply):

- Membership Development
- Annual Special Events (banquet, parades)
- Business Seminars/Workshops
- City, County & State Government

Web Site development/maintenance

Member Communications

Programs for quarterly meeting

Other _____