

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 use only)

Membership Level:

Individual (\$60/yr) Senior (\$50/yr) Non Profit/Civic (\$75/yr)

Small Business (\$100/yr) Bronze (\$150/yr) Silver (\$175/yr)

Gold (\$250 /yr) Platinum (\$350/yr) Corporate (\$500/yr)

Premier (\$1,000/yr)

1 Annual Payment 12– Monthly Payments

Payment attached Please bill me

Your Signature: _____ Date: _____

Please send your application to: **PACC, P. O. Box 610, Post, TX 79356**
or email your application to **chamberofcommerce@postcitytexas.com**