



Our Mission is to welcome, unite and promote businesses to enhance the quality of life in the region.

ANNUAL INVESTMENT MEMBERSHIP APPLICATION

Company Name: _____ Today's Date: _____

Primary Phone: _____ Fax: _____ Cell: _____

Physical Address: _____ City: _____ Zip: _____

Primary E-Mail Address: _____ Website: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Contact: _____ Title: _____ Phone: _____

Other company representatives to receive chamber e-News and event information:

1. Name & Email: _____ Title: _____

2. Name & Email: _____ Title: _____

Primary Business Category: _____

Referred By: _____ How did you hear about us? _____

Facebook Page Name: _____ Homebased Business: Yes or No

Membership Level: Chairman's Circle Partner, \$750 Regional Partner, \$500 Business, \$125 Individual, \$50

Annual Investment: \$ _____

Multiple Locations: # of Add'l Locations: _____ x \$50 each = \$ _____

TOTAL INVESTMENT: \$ _____

Check Enclosed: _____ or Credit Card: Visa: MC: AMEX: Discover: CVN: _____

Credit Card Number: _____ Expiration: _____

Authorized Signature: _____ Date: _____

See attached information for complete details on each investment. Checks payable to: Wise County Chamber of Commerce. Your investment covers a one-year membership. Membership investment is a tax-deductible business expense.

** School Districts will get one listing under Membership Directory, but full location listings under city page.*

** Businesses with multiple locations can pay \$50 more per location for additional address, phone number & contact listing.*

ADDITIONAL LOCATIONS:

Primary Phone: _____ Fax: _____ Cell: _____

Physical Address: _____ City: _____ Zip: _____

Primary E-Mail Address: _____ Website: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Contact: _____ Title: _____ Phone: _____

Other company representatives to receive chamber e-News and event information:

1. Name & Email: _____ Title: _____

2. Name & Email: _____ Title: _____



Primary Phone: _____ Fax: _____ Cell: _____

Physical Address: _____ City: _____ Zip: _____

Primary E-Mail Address: _____ Website: _____

Mailing Address: _____ City: _____ Zip: _____

Primary Contact: _____ Title: _____ Phone: _____

Other company representatives to receive chamber e-News and event information:

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Physical Address: _____ City: _____ Zip: _____

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