



MEMBERSHIP APPLICATION

BRYAN/COLLEGE STATION CHAMBER OF COMMERCE

INVESTMENT SCHEDULE

# OF EMPLOYEES *	MEMBERSHIP LEVEL NON-PROFIT	DUES
1 - 5	LEVEL 1	\$175
6 - 10	LEVEL 2	\$295
11 - 35	LEVEL 3	\$325
36 - 50	LEVEL 4	\$350
51 - 100	LEVEL 5	\$475
101 +	INNER CIRCLE	\$580
	SILVER	\$660
	GOLD	\$1300
	PLATINUM	\$1950

*2 PART-TIME EMPLOYEES = 1 FULL-TIME EMPLOYEE

- MEMBERSHIP ENTITLES A BUSINESS, ORGANIZATION, OR INDIVIDUAL TO HAVE ITS NAME, ADDRESS, AND ONE CONTACT PERSON LISTED IN THE MEMBERSHIP DIRECTORY BOTH ALPHABETICALLY AND BY INDUSTRY CATEGORY. EACH ADDITIONAL INDUSTRY CATEGORY LISTING MAY BE ADDED FOR \$25 PER YEAR, BASED ON CATEGORY SPACE AVAILABILITY

- CHAMBER DUES ARE TAX-DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE. DUES PAID TO THE CHAMBER ARE NOT A CHARITABLE EXPENSE FOR FEDERAL INCOME TAX PURPOSES.

- A NON-BUSINESS INDIVIDUAL MEMBERSHIP IS AVAILABLE FOR \$135

ARE YOU A...

- WOMEN-OWNED BUSINESS
- AFRICAN-AMERICAN OWNED BUSINESS
- HISPANIC-OWNED BUSINESS
- NATIVE AMERICAN-OWNED BUSINESS
- ASIAN-OWNED BUSINESS

(SELECT ONE)

CHECKS SHOULD BE MADE TO THE B/C/S CHAMBER OF COMMERCE.

YOUR INVESTMENT WILL BE RENEWED ANNUALLY UNLESS WRITTEN NOTICE IS SUBMITTED.

979-260-5200

COMPANY NAME _____

PRINCIPAL COMPANY REPRESENTATIVE _____ TITLE _____

STREET ADDRESS _____

CITY _____ ZIP _____

BILLING NAME/ADDRESS _____

CITY _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

BUSINESS CATEGORY (EG: HOTEL, INSURANCE, RESTAURANT) _____

NUMBER OF EMPLOYEES _____
*2 PART-TIME EMPLOYEES = 1 FULL-TIME EMPLOYEE

WEBSITE _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____ MEMBER REFERRAL _____

INVESTMENT CALCULATION	
ANNUAL INVESTMENT	\$ _____
ADDITIONAL CATEGORIES	\$ _____
ADMINISTRATIVE FEE (NON-RECURRING)	\$ 35.00
TOTAL FIRST YEAR INVESTMENT	\$ _____

PAYMENT INSTRUCTIONS

E-MAIL: DIANA@BCSCHAMBER.ORG OR FAX: (979) 260-5208

MAIL TO: MEMBERSHIP DIVISION, BRYAN/COLLEGE STATION CHAMBER OF COMMERCE, P.O. BOX 3579, BRYAN, TX 77805

THE CREDIT CARD ENROLLMENT FORM BELOW CAN ALSO BE USED AS A METHOD OF PAYMENT.

MASTERCARD/VISA/AMEX # _____

EXP DATE _____ CCV CODE (3 DIGIT # ON BACK OF CARD) _____

CARD HOLDER _____ SIGNATURE _____