



**GOLIAD COUNTY CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION
(Please print)**

NAME _____

STREET ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

MAILING ADDRESS (if different) _____

PHONE(_____) _____ **FAX** _____

WEBSITE _____

EMAIL _____

TYPE OF MEMBERSHIP: Please check one

_____ **Individual** _____ **Non-Profit Organization** _____ **Business**

NAME OF BUSINESS _____

Complete the following if different from above

ADDRESS _____

BUSINESS PHONE _____ **EMAIL** _____

MEMBERS SIGNATURE _____ **DATE** _____

ANNUAL DUES

Individual (non-commercial).....\$35.00

Non-Profit Organization..... 50.00

1-5 Employees..... 75.00

6 - 10 Employees.....100.00

11 - 20 Employees.....150.00

21 or more Employees.....350.00

<p>I would like to:</p> <p>_____ Host a Tour Group</p> <p>_____ Volunteer at Market Days</p> <p>_____ Volunteer for Office Work</p>	<p>I would like to serve on a committee:</p> <table style="width: 100%;"> <tr> <td>_____ Banquet</td> <td>_____ Finance</td> </tr> <tr> <td>_____ Publicity</td> <td>_____ Membership</td> </tr> <tr> <td>_____ Economic Development</td> <td>_____ Bike Ride</td> </tr> <tr> <td>_____ Tourism</td> <td>_____ Market Days</td> </tr> </table>	_____ Banquet	_____ Finance	_____ Publicity	_____ Membership	_____ Economic Development	_____ Bike Ride	_____ Tourism	_____ Market Days
_____ Banquet	_____ Finance								
_____ Publicity	_____ Membership								
_____ Economic Development	_____ Bike Ride								
_____ Tourism	_____ Market Days								

*** Please write 3-5 sentences about you and/or your company:** _____

