



CHAMBER OF COMMERCE AND VISITOR CENTER

P.O. BOX 627 ~ 205 S. HWY 281 ~ LAMPASAS, TX 76550

www.lampasaschamber.org

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[\(512\) 556-5172](tel:(512)556-5172)

MEMBERSHIP APPLICATION

Our mission is “To promote business, economic growth, and tourism by partnering with current and future Chamber members, community leaders and the citizens of Lampasas County.”

I hereby apply for membership to the Lampasas County Chamber of Commerce and will abide by the By-laws as they are now constituted, or as they may be hereafter amended, support its objectives and interests, and pay annual membership dues as set by the Board of Directors.

NAME OF BUSINESS/ORGANIZATION: _____

TYPE OF MEMBERSHIP:

COMMUNITY MEMBER: \$200.00 _____ STRATEGIC MEMBER: \$500.00 _____ PREMIERE MEMBER: \$750.00 _____

SECOND BUSINESS: \$100.00 _____ RANCH: \$100.00 _____ NON-PROFIT: \$100.00 _____ *INDIVIDUAL: \$50.00 _____

MOBILE BUSINESS (No brick & mortar): \$100.00 _____ **Please see benefit packages before selecting Membership Type.*
(Membership Dues will be prorated based on the month you join)

PHYSICAL ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ FAX: _____ WEBSITE: _____

*Logo for website & marketing purposes. (Jpg.)

FACEBOOK: _____ TWITTER: _____

INSTAGRAM: _____ LINKEDIN: _____

**Organization/Business Information provided above will be added to website unless otherwise requested.*

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): _____ CITY: _____ STATE: _____ ZIP: _____

BILLING REP. NAME: _____

PRIMARY REP: _____ TITLE: _____

EMAIL: _____ PHONE: _____

2nd REP: _____ TITLE: _____

EMAIL: _____ PHONE: _____

Emails will be added to marketing database unless otherwise requested and will **NOT be shared!*

Application Date: _____ SIGNATURE: _____ PRINT: _____

Please complete BOTH Pages of the Membership Application.

~ For Office Use Only ~

ChamberMaster: _____ Email- Outlook: _____ Mail Chimp: _____ Logo: _____

Letter: _____ Decal: _____ Social Media: _____ Announcement: _____

BUSINESS REVIEW

PAYMENT: CASH \$ _____ CHECK/CASH CHECK \$ _____ NO. _____ CREDIT CARD: (Call for payment/online)

Business Description/ Products & Services Offered: _____

Hours of Operation: _____

Business Classification- select up to (3) categories that best represents your type of business:

- | | | |
|--|---|-------------------------------------|
| — Advertising, Media & Communications | — Food Truck | — Public Utilities & Internet |
| — Agriculture | — Food & Beverage | — Ranch |
| — Arts, Culture & Entertainment | — Government & Political | — Real Estate, Moving & Storage |
| — Automotive | — Health & Beauty | — Rental Property, Moving & Storage |
| — Business, Financial & Professional Service | — Health Care | — Retail |
| — Civic, Family & Community Organizations | — Individual* | — Religious Organizations |
| — Computers & Telecommunications | — Insurance | — RV Park |
| — Construction & Contractors | — Legal Services | — Sports, Parks & Recreation |
| — Education | — Lodging & Travel | — Transportation |
| — Equipment & Rentals | — Manufacturing, Production & Wholesale | — Venue |
| | — Non-Profit | |
| | — Pet Services & Veterinary | |

**Individual will be listed with Name only!*

Number of Employees: _____ **Number of Years in Business:** _____

How can the Chamber of Commerce serve you? _____

Are you interested in serving on a Committee (Event/Ambassador/Etc.?) _____

Preferred Billing Method: Email: _____ Mail _____ ACH (Contact Chamber) _____ AutoPay- **ANNUALLY** _____

****To update any information after joining please visit:***
www.lampasaschamber.org Member Login or email admin@lampasaschamber.org.

Thank You for Joining The Lampasas County Chamber of Commerce & Visitor Center Family!