



Membership Application

Business/Non-Profit Applicant

Business Name: _____

Physical Address: _____

Mailing Address: _____

Business Phone #: _____ Preferred Contact Person: _____

Additional Contact Person (if any): _____ Phone #: _____

Email Address: _____

Website Address: _____

Facebook Page: Y or N Facebook Page Name: _____

Type of Business: _____ # of Full Time Employees: _____
(i.e., Insurance, Retail, Physician, Real Estate, etc)

I DO NOT want my business promoted on CACC's Website, Social Media, Etc.

I am interested in being contacted to be on committee's (i.e., Pioneer Day, Jammin' on the Square, Christmas on the Square).

RENEWAL BILLING OPTIONS: Mail a bill and I will pay by check -or- Email a bill & I will pay online (to the email above)

Individual Applicant

Individual Name: _____ Senior Applicant? Y / N (62 and over)

Mailing Address: _____

Phone #: _____ Email Address: _____

I DO NOT wish to be promoted on CACC's Website, Social Media, Etc.

I am interested in being contacted to be on committee's (i.e., Pioneer Day, Jammin' on the Square, Christmas on the Square).

ANNUAL BILLING OPTIONS: Mail a bill and I will pay by check -or- Email a bill & I will pay online (to the email above)

Annual Membership Dues

Business Membership		Individual Membership	
1-5 Employees	\$100	Non-Profit	\$50
6-10 Employees	\$150	Senior (62 and over)	\$30
11+	\$200		

Membership application including dues may be mailed to:
 Collinsville Area Chamber of Commerce · PO Box 65 · Collinsville, TX 76233
 (903) 429-3200

Office Use Only (Please Give to the Secretary)

Date Application Received:		Enter on Spreadsheet		Send Copy to Treasurer	
Date Money Received:		Send Welcome Email		Treasurer – Add to Quickbooks & Recurring	
Date Directors Voted:		Ribbon Cutting		Send Copy to Public Relations Officer	
Voting Results:		Enter into Monthly Report		PR - Advertise	