



# Annual Investment

**Amarillo Chamber of Commerce**

1000 South Polk—Amarillo, Texas 79101 or PO Box 9480—Amarillo, Texas 79105 806-373-7800 fax: 806-373-3909 [chamber@amarillo-chamber.org](mailto:chamber@amarillo-chamber.org)

**A**

## **BUSINESS & PROFESSIONAL MEMBERSHIP**

**Annual Investment**      **\$175 + \$5 per full time employee**

Any individual or business entity or association, however organized, having an interest in the purposes and objectives of the Chamber, may become a member by making written application as provided by the Board of Directors and paying the requisite membership investment. Membership is on a non-partisan, non-sectarian, non-racial, and non-political basis.

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**B**

## **ASSOCIATE MEMBERSHIP**

**Annual Investment**      **\$100**

Any individual may become an associate member by making application and paying the membership investment as approved by the Board.

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**C**

## **NON-PROFIT ORGANIZATION ASSOCIATE MEMBERSHIP**

**Annual Investment**      **\$100**

Any non-profit organization with a classified 501c3 status may become an associate member by making application and paying the membership investment as approved by the Board.

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**D**

## **SECONDARY LOCATION ASSOCIATE MEMBERSHIP**

**Annual Investment**      **\$100**

Any Business / Professional Member may have a second business location become an associate member by making application and paying the membership investment as approved by the Board.

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**E**

## **AREA HEALTHCARE COOP ASSOCIATE MEMBERSHIP**

**Annual Investment**      **\$100**

Companies doing business in communities surrounding Amarillo and planning to participate in the Amarillo Chamber Healthcare Coop insurance program may become a member by making application and paying the membership investment as approved by the Board. Associates joining at this discounted rate will also be required to maintain membership in their local or area Chamber of Commerce providing they are a Health Care Coop member.

*Dues to the Amarillo Chamber of Commerce are normally deductible as an ordinary business expense. IRS regulations exclude the deduction of that portion of the dues attributable to the Chamber's engagement in state or federal lobbying. It is estimated that the nondeductible portion of the dues is less than 10 percent each fiscal year.*



# Application for Membership

**Amarillo Chamber of Commerce**

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Business Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

Website Address: \_\_\_\_\_ www. \_\_\_\_\_

Is your company on ☐ Facebook ☐ Twitter? Profile Name/Address: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Business Category: \_\_\_\_\_

## Firm Representatives

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Number of Full-Time Employees: \_\_\_\_\_ Part-Time Employees: \_\_\_\_\_ Time at Present Location: \_\_\_\_\_

Membership Type: ☐ A ☐ B ☐ C ☐ D ☐ E 2nd Location (to Primary Location): \_\_\_\_\_

Membership Investment \$ \_\_\_\_\_ A=\$175 + \$5 per full-time employee B=\$100 C=\$100 D= \$100

I will pay by: ☐ Cash ☐ Check Attached ☐ Credit Card



Credit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Card Security Code: 4 digit # on front of AMEX  
or the last 3 #s on back of Visa/MC \_\_\_\_\_

Card Billing Address: \_\_\_\_\_

Credit Card Signature: \_\_\_\_\_ Date: \_\_\_\_\_

In the eNewsletter, there is a space for a brief business description of 25 words or less. Please describe your business in two lines of information. (This information needs to be completed with the application form.)

\_\_\_\_\_  
\_\_\_\_\_

As a service to you, the Amarillo Chamber of Commerce regularly publishes certain information from this application on its website at [www.amarillo-chamber.org](http://www.amarillo-chamber.org). The information may also be included in directories and mailing and member lists sold or made available by the Amarillo Chamber of Commerce. Although we have found the website, directories and lists to be useful marketing tools for our member businesses, if you do not wish to have this information published, please check here.

☐ **No**, my business does not want this information published.

Membership Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_

Alternative Chamber Representative (if available): \_\_\_\_\_ Date: \_\_\_\_\_

Business Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_