



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

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.

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.

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.

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.

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. 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: _____