

HEB CHAMBER OF COMMERCE *Membership Application*

Business Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Company E-Mail: _____

Web site Address: _____

Preferred Method of Receiving Chamber Information:

please circle: (EMAIL) (MAIL) (FAX)

Chamber Website User Name: _____

Chamber Website Password: _____

Type of Business:1) _____

2) _____

Is this a Home-Based Business? (YES) (NO)

Number of employees: _____

Annual Membership Investment (Circle Amount)

of Employees: Investment: Value Package:

1-5.....	\$ 250.00.....	\$365
6-10.....	\$ 275.00.....	\$390
11-20.....	\$ 325.00.....	\$440
21-50.....	\$ 400.00.....	\$515
51-75.....	\$ 500.00.....	\$615
76-99.....	\$ 550.00.....	\$665
100-199.....	\$ 600.00.....	\$715
200-299.....	\$ 650.00.....	\$765
300-399.....	\$ 700.00.....	\$815
400-499.....	\$ 750.00.....	\$865
500-599.....	\$ 800.00.....	\$915
600-699.....	\$ 850.00.....	\$965
700-799.....	\$ 900.00.....	\$1,015
800-899.....	\$ 950.00.....	\$1,065
900-999.....	\$1,000.00.....	\$1,115
1000+.....	\$1 per employee.....	add \$115

A one time \$25 application fee for New Members applies
 Financial Institutions: \$600, each additional branch \$200
 Individuals \$150

Basic Membership includes: Listing in Membership Directory and Chamber website, two business category listings, website link, direct e-mail link and Membership Plaque. **New members receive:** one membership luncheon pass, one business after hours pass, opportunity for a Ribbon Cutting and listing on the newsletter "New Members" page and 30 day's scrolling listing on the "New Members" page on the Chamber website.

Value Package Membership includes: All of the above benefits plus an extra business category listing (\$75), a display table at the membership luncheon (\$45), an ad in the Friday communications (\$75), 9 Business After Hours passes (\$45) and 2 Membership Luncheon passes (\$34).
That's a total value of \$274 for only an additional \$115!

Company Representatives Names & Titles:

Main Rep: _____

Title: _____

E-mail: _____

Phone/Ext.: _____

Representative #2: _____

Title: _____

E-mail: _____

Phone/Ext.: _____

STAFF USE ONLY: Sold By:

- New Member Packet
- Ribbon Cutting Request Date in Mind _____
- Membership Plaque Given

Amount Enclosed (Dues +\$25 application fee): _____

Date Submitted: _____

Referred by: _____

Signature: _____

Credit Card Number: _____

Expiration Date: _____

Card Type, please circle: (AMEX) (DISCOVER) (MC) (VISA)

Return Application to: P.O. Box 969, Bedford, TX 76095

For More Information call: 817/ 283-1521

Dues to the HEB Chamber are not deductible as a charitable contribution. However, a portion of the dues may be deductible as an ordinary and necessary business expense.