

**Application for
MEMBERSHIP**

*Madison County Chamber of Commerce
113 West Trinity
Madisonville, Texas 77864
(936)348-3591 OFFICE (936)348-2212 FAX*



Date: _____ Business: _____ Individual: _____

Business name (or Individual) _____ Phone: _____

Contact: _____ Title: _____

Street Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

E-Mail: _____ Website: _____

Fax #: _____ What is your preferred method of communication: Email Fax Letter

Directory Classification Listing: _____

of Employees: _____ Annual Investment: _____

Amount Received: _____ to be paid annually. Ribbon Cutting: Yes or No

Briefly describe your business/organization: _____

Days/Hours of operation: _____

I pledge to support the Madison County Chamber of Commerce and agree to pay the membership investment amount, listed above, annually. I have read the membership application and have given my authorized signature below.

We are excited to begin this wonderful partnership with you!!!