

APPLICATION FOR  
MEMBERSHIP

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

**Complete form, download, and email to  
info@madisonchamber.net**

Date: Business: Individual:

Business name (or individual): Phone:

Contact: Title:

Street address: City/St/Zip:

Mailing address: City/St/Zip:

Email: 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 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. \_\_\_\_\_