

# Application for MEMBERSHIP

**Madison County Chamber of Commerce**  
**113 West Trinity St.**  
**Madisonville, Texas 77864**  
**(936) 348-3591**



Complete form and email to:  
officemanager@madisonchamber.net      OR

Drop by in person during office hours:  
M/T/F 12-5 & W/Th 10-2

Date: \_\_\_\_\_ Business: \_\_\_\_\_ OR Individual: \_\_\_\_\_ (check one)

Business name (or Individual) \_\_\_\_\_ Phone: \_\_\_\_\_

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Website: \_\_\_\_\_

Fax #: \_\_\_\_\_ Circle your preferred method of communication: Email Fax Letter

Directory Classification Listing: \_\_\_\_\_

# of Employees: \_\_\_\_\_ Annual Investment: \_\_\_\_\_  
(see attached fee structure on pg 2)

Amount Received: \_\_\_\_\_ to be paid annually. Ribbon Cutting: Yes or No (circle one)  
(office use only)

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!!!