

LAMESA AREA CHAMBER OF COMMERCE

MEMBERSHIP FORM

Business membership:

Date Joined: _____

Ribbon Cutting Date: _____

Business Name: _____

Business Physical Address: _____

Business Mailing Address: _____

City/State/Zip Code: _____ / _____ / _____

Business Phone: _____ Business Fax: _____

Email: _____ Website: _____

Contact Person _____

Your annual membership dues will be \$ _____ you may set up payments monthly, quarterly or annually.

Please mark preferred billing:

Annually (Billed in January)

Quarterly (Billed in January, April, July & October) (Billed from closest quarter)

Monthly (Billed the 1st of the month)

- Monthly
- Quarterly
- Annual



**“Renovating the past . . .
Innovating the future”**