

# **LAMESA AREA CHAMBER OF COMMERCE**

## **MEMBERSHIP FORM**

### **Individual membership:**

**Date Joined:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip Code:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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 1<sup>st</sup> of the month)

- Monthly
- Quarterly
- Annual



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