



LAMESA AREA CHAMBER OF COMMERCE

APPLICATION FOR BUSINESS MEMBERSHIP

Date of Application: _____

Date of Ribbon Cutting (if applicable): _____

Business Name: _____

Business Physical Address: _____

Business Mailing Address: _____

City/State/Zip Code: _____

Business Phone: _____ **Business Fax:** _____

Email: _____ **Website:** _____

Facebook: _____ **Alt. Social Media:** _____

Contact Person: _____ **Title:** _____

Please indicate how many employees your business currently employs using the tiers listed below:

- _____ 1-10 employees
- _____ 11-20 employees
- _____ 21-30 employees
- _____ 31+ employees

Please indicate your preferred communication methods:

- _____ Physical Mail
- _____ Phone
- _____ Email

Please indicate preferred billing cycle:

- _____ Annually (Billed in January)
- _____ Quarterly (Billed in January, April, July & October)

Would you like to be added to the monthly newsletter distribution?

- _____ No
- _____ Yes, to the email address listed above
- _____ Yes, to an alternate email address: _____

If your business currently has a logo, please submit a digital file to the Chamber of Commerce.