



Lamesa Area Chamber of Commerce
Application for Business Membership

Date Joined: _____

Ribbon Cutting Date (if applicable): _____

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)**