

Sabinal Chamber of Commerce
PO Box 55, Sabinal, Texas 78881
(830)426-0121
www.sabinalchamber.org

Application Date: _____

Business or Individual Name: _____

If business, Representative Name & Title: _____

Business Physical Address: _____

Mailing Address: _____

Bus. Phone: _____ Alternate Phone: _____

E-mail: _____

(Sabinal Chamber of Commerce sends out information on advertising, meetings, and happenings. Please add info@sabinalchamber.org to your contact to avoid e-mails going to spam folders)

Business Web Domain: _____

Facebook Name: _____

Describe your service/industry (this will be used on the Sabinal Chamber Web page to help promote your business): _____

Please answer the following questions, so we may provide better service to you.

1. The reason I am joining the Sabinal Chamber of Commerce is: _____

2. What do you expect to gain with your partnership? _____

3. The best time for me to participate in chamber activities is: _____

4. What is the one thing that the Sabinal Chamber of Commerce can do to help you, your business or to improve the value of your partnership? _____

Please indicate your annual level of partnership below

<p>__ \$35.00 – Annual</p> <p>Benefits: *Listed as a Chamber Member * Chamber promotions * Business card advertisement at www.sabinalchamber.org * May participate, but have non-voting privileges at monthly meetings</p>	<p>__ \$75.00 – Annual</p> <p>Benefits: *All Basic benefits plus voting privileges at monthly meetings * Full web page hosting</p>
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Investments are payable in advance and are continuous unless cancelled in advance of due date. Investments are deductible on federal and state income tax returns as a business expense.

Business Representative Signature & Title

Received by Chamber of Commerce: _____ Amount \$35/\$75 Check# _____ MO _____ Cash