



INGLESIDE CHAMBER OF COMMERCE

Membership Application

Business Name: _____
(as you'd like it in the directory)

Contact: _____

Title: _____ Email: _____

Physical Address: _____
City State Zip

Mailing Address (if different from above): _____

Business Phone: (____) _____ - _____ Cell: (____) _____ - _____ Fax: (____) _____ - _____

Website: _____

Number of Employees: _____ Membership Investment (see below): \$ _____

INDIVIDUAL	\$75
ASSOCIATE (NON-VOTING MEMBER)	\$75
NON-PROFIT	\$125
SMALL BUSINESS	
1-25 EMPLOYEES.....	\$150
LARGE BUSINESS	
25+ EMPLOYEES.....	\$450
MULTI-BUSINESS (NON-VOTING MEMBER) For business owners that have more than	
PREMIUM MEMBERSHIP	
BRONZE\$1,500	SILVER\$2,500
	GOLD\$5,000
PLATINUM\$10K	SIGNATURE\$15K

It is understood that the annual investment of membership dues are payable in full and in advance unless other arrangements are made. The membership covered by this application shall be considered as renewed from year to year unless notice is given prior to renewal date. For Federal Income Tax purposes, your membership investment in the Ingleside Chamber of Commerce, plus any payments for Chamber publications, advertising, sponsorships, or other services may be deductible as an ordinary and necessary business expense. The Ingleside Chamber of Commerce is not a charity, but serves as an advocate organization for our businesses and tourism.

Signature _____ Date _____