

**MAYPEARL CHAMBER OF COMMERCE  
MEMBERSHIP APPLICATION**

The undersigned applies for membership in and agrees to pay dues on a yearly basis to the Maypearl Chamber of Commerce. Applicant agrees this membership shall be continuous unless revoked in writing.

Please complete (print or type) the following information:                      Date: \_\_\_\_\_

Individual/Business/Organization Name: \_\_\_\_\_

Owner of Business: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Web site: \_\_\_\_\_ Email: \_\_\_\_\_

Days of Operation: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Number of employees: Full time \_\_\_\_\_ Part Time \_\_\_\_\_

Brief Business Description:

Signature: \_\_\_\_\_

**PLEASE RETURN THIS FORM TO:**      Maypearl Chamber of Commerce  
P.O. Box 125  
Maypearl, TX 76064  
Phone: 972-435-1170

<b>Business</b>	<b>Annual</b>
1 – 2 Employees	\$60.00
3 – 9 Employees	\$120.00
10 – 25 Employees	\$180.00
26 – 50 Employees	\$220.00
51 – 100 Employees	\$240.00

**Organizations** - \$75.00    **Individuals** - \$36.00    **Sr. Citizens** - \$24.00

Annual Dues Total \_\_\_\_\_                      Amount Enclosed \_\_\_\_\_