



Hitchcock Chamber of Commerce
 8300 Highway 6, Suite A
 P.O. Box 389
 Hitchcock, Texas 77563
 Phone: (409) 986-9224
 Fax: (409) 986-6317
 Email: hcofc662@verizon.net

MEMBERSHIP APPLICATION

Please submit your completed membership application and payment to the Hitchcock Chamber of Commerce.

APPLICANT INFORMATION

Business/Individual Name _____

Primary Representative _____

Additional Representatives _____

Mailing Address (Including City, State, Zip) _____

Physical Address (Including City, State, Zip) _____

Phone _____ Fax _____

E-mail _____ Website _____

How would you prefer for the Chamber to contact you? Phone Fax Cell Email

Number of Employees _____ I am interested in scheduling a Ribbon Cutting. Yes No
 Full-Time Part-Time Date/Time requested: _____

TYPE OF BUSINESS

Type of Business _____

MEMBERSHIP & AMERICAN FLAG ANNUAL INVESTMENT FEES

Membership Levels - (Membership is effective upon receipt of payment.)

- | | | | |
|--|----------|---|---------|
| <input type="checkbox"/> Small Business | \$ 45.00 | <input type="checkbox"/> Individual | \$20.00 |
| <input type="checkbox"/> Business (2-5 Employees) | \$100.00 | <input type="checkbox"/> Couple | \$35.00 |
| <input type="checkbox"/> Business (6-24 Employees) | \$150.00 | <input type="checkbox"/> Non Profit Organizations | \$35.00 |
| <input type="checkbox"/> Business (25 + Employees) | \$200.00 | Membership Contribution | _____ |

American Flag Drive Contribution Fee

- | | | | |
|--|----------|--------------------------------|-------|
| <input type="checkbox"/> American Flag Drive | \$ 20.00 | Flag Drive Contribution | _____ |
|--|----------|--------------------------------|-------|

MEMBERSHIP & AMERICAN FLAG DRIVE ANNUAL INVESTMENT

TOTAL ANNUAL INVESTMENT _____

COMMITTEES (PLEASE CHECK ANY COMMITTEES YOU ARE INTERESTED IN SERVING ON.)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Audit Committee | <input type="checkbox"/> Easter Egg Hunt | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Awards Banquet | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Nominating Committee | <input type="checkbox"/> School Representative |
| <input type="checkbox"/> Bake Sale | <input type="checkbox"/> Flags | <input type="checkbox"/> Photographer | <input type="checkbox"/> Signs |
| <input type="checkbox"/> Christmas Event | <input type="checkbox"/> Fund Raisers | <input type="checkbox"/> Property Planning/Building | <input type="checkbox"/> Teacher Appreciation |
| <input type="checkbox"/> City Representative | <input type="checkbox"/> Good Ole Days | <input type="checkbox"/> Public Relations/Ribbon Cuttings | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Community Pride | <input type="checkbox"/> Membership | <input type="checkbox"/> Quarterly Meetings | |

MAIL COMPLETED FORM AND PAYMENT TO

Hitchcock Chamber of Commerce
 P.O. Box 389
 Hitchcock, Texas 77563

PAYMENT RECEIVED

Amount \$ _____ Check/Money Order # _____ Cash By _____