Office Use

CC_____	Email_____
Supp_____	Letter_____
Website____	Copy_____
CW_____	

Terrell Chamber of Commerce/CVB
1314 West Moore PO Box 97 Terrell, Texas 75160
972-563-5703 (FAX) 972-563-2363

Membership Agreement

In consideration of the work done by the Terrell Chamber of Commerce/CVB, I hereby apply for membership in the organization and agree to pay the sum of $_____annually. I agree to abide by the Constitution and By-Laws of the organization. I understand that membership will be continuous until I have resigned in writing.
Effective Date_____. Payable in advance.
( ) Annually ( ) Semi-annually ( ) Business ( ) Individual

Name of Business_____Number of Employees_____
Phone_____FAX number_____
Street Address_____
Mailing Address_____
Web-site address_____E-mail_____
Owner(s)_____
Contact Person(s)_____
Type of Business_____
Sponsored By_____
Signature, Title_____