



MEMBERSHIP APPLICATION

BRYAN/COLLEGE STATION CHAMBER OF COMMERCE

INVESTMENT SCHEDULE

# OF EMPLOYEES *	MEMBERSHIP LEVEL NON-PROFIT	DUES
1 - 5	LEVEL 1	\$225
6 - 10	LEVEL 2	\$305
11 - 35	LEVEL 3	\$335
36 - 50	LEVEL 4	\$360
51 - 100	LEVEL 5	\$490
101 +	INNER CIRCLE	\$600
	SILVER	\$680
	GOLD	\$1350
	PLATINUM	\$2010

*2 PART-TIME EMPLOYEES = 1 FULL-TIME EMPLOYEE
 **RATES EFFECTIVE JANUARY 1, 2012; SUBJECT TO CHANGE

- MEMBERSHIP ENTITLES A BUSINESS, ORGANIZATION, OR INDIVIDUAL TO HAVE ITS NAME, ADDRESS, AND ONE CONTACT PERSON LISTED IN THE MEMBERSHIP DIRECTORY BOTH ALPHABETICALLY AND BY INDUSTRY CATEGORY. EACH ADDITIONAL INDUSTRY CATEGORY LISTING MAY BE ADDED FOR \$25 PER YEAR, BASED ON CATEGORY SPACE AVAILABILITY

- CHAMBER DUES ARE TAX-DEDUCTIBLE AS AN ORDINARY AND NECESSARY BUSINESS EXPENSE. DUES PAID TO THE CHAMBER ARE NOT A CHARITABLE EXPENSE FOR FEDERAL INCOME TAX PURPOSES.

- A NON-BUSINESS INDIVIDUAL MEMBERSHIP IS AVAILABLE FOR \$140

ARE YOU A...

- WOMEN-OWNED BUSINESS
 - AFRICAN-AMERICAN OWNED BUSINESS
 - HISPANIC-OWNED BUSINESS
 - NATIVE AMERICAN-OWNED BUSINESS
 - ASIAN-OWNED BUSINESS
- (SELECT ONE)

CHECKS SHOULD BE MADE TO THE B/CS CHAMBER OF COMMERCE.
 YOUR INVESTMENT WILL BE RENEWED ANNUALLY UNLESS WRITTEN NOTICE IS SUBMITTED.

979-260-5200

COMPANY NAME _____

PRINCIPAL COMPANY REPRESENTATIVE _____ TITLE _____

STREET ADDRESS _____

CITY _____ ZIP _____

BILLING NAME/ADDRESS _____

CITY _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

BUSINESS CATEGORY (EG: HOTEL, INSURANCE, RESTAURANT) _____

NUMBER OF EMPLOYEES _____
 *2 PART-TIME EMPLOYEES = 1 FULL-TIME EMPLOYEE

WEBSITE _____

AUTHORIZED SIGNATURE _____ DATE _____

PRINTED NAME _____ MEMBER REFERRAL _____

INVESTMENT CALCULATION	
ANNUAL INVESTMENT	\$ _____
ADDITIONAL CATEGORIES	\$ _____
ADMINISTRATIVE FEE (NON-RECURRING)	\$ 35.00
TOTAL FIRST YEAR INVESTMENT	\$ _____

PAYMENT INSTRUCTIONS

E-MAIL: KIMBERLY@BCSCHAMBER.ORG OR FAX: (979) 260-5208
 MAIL TO: MEMBERSHIP DIVISION, BRYAN/COLLEGE STATION CHAMBER OF COMMERCE, P.O. BOX 3579, BRYAN, TX 77805
 THE CREDIT CARD ENROLLMENT FORM BELOW CAN ALSO BE USED AS A METHOD OF PAYMENT.

MASTERCARD/VISA/AMEX # _____

EXP DATE _____ CCV CODE (3 DIGIT # ON BACK OF CARD) _____ BILLING ZIP _____

CARD HOLDER _____ SIGNATURE _____