

**LEXINGTON CHAMBER OF COMMERCE
2016 MEMBERSHIP APPLICATION**

[] Renewal [] New Membership

COMPANY INFORMATION:

Application Date: _____

Company Name (as you would like it to appear in our directory): _____

Address: _____

City, State, Zip: _____

Main Phone: (____) _____ Web Site: _____

Business Category: _____

Were you referred to the Chamber? ____ Yes ____ No

Referred by: _____

Please give a brief description of your business (35 words or less): _____

Expectations of Chamber membership:

Address you would prefer mail sent to : _____

Contact Information:

Primary Contact Name: _____

Title: _____

Phone: (____) _____ Email: _____

MEMBERSHIP INVESTMENT	
<input type="checkbox"/> Multi - Business	\$40
<input type="checkbox"/> Single Business	\$30
<input type="checkbox"/> Individuals Each person	\$15
<input type="checkbox"/> Non-Profit or Civic Organizations	\$15

Thank you! A member services representative will contact you soon to finalize your application. If you have any questions, call us at 979-773-4337 or email chamberlexington@gmail.com

*645 Main St. Lexington, TX 78947 | Phone 979-773-4337
Mailing address P.O. Box 562 Lexington, TX 78947
Visit us online at www.lexingtontexas.com*