



P.O. BOX 627 ~ 205 S. HWY 281 ~ LAMPASAS, TX 76550

[www.lampasaschamber.org](http://www.lampasaschamber.org)  
[lampasaschamber@sbcglobal.net](mailto:lampasaschamber@sbcglobal.net)  
 (512) 556-7819

## MEMBERSHIP APPLICATION

Our mission is “To promote business, economic growth, and tourism by partnering with current and future Chamber members, community leaders and the citizens of Lampasas County.”

I hereby apply for membership to the Lampasas County Chamber of Commerce and will abide by the By-laws as they are now constituted, or as they may be hereafter amended, support its objectives and interests, and pay annual membership dues as set by the Board of Directors.

**NAME OF BUSINESS/ORGANIZATION:** \_\_\_\_\_

### TYPE OF MEMBERSHIP:

COMMUNITY MEMBER: \$200.00 \_\_\_\_\_ STRATEGIC MEMBER: \$500.00 \_\_\_\_\_ PREMIERE MEMBER: \$750.00 \_\_\_\_\_  
 SECOND BUSINESS: \$100.00 \_\_\_\_\_ RANCH: \$100.00 \_\_\_\_\_ NON-PROFIT: \$100.00 \_\_\_\_\_ \*INDIVIDUAL: \$50.00 \_\_\_\_\_  
 (Membership Dues will be prorated based on the month you join)

PHYSICAL ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

\*Logo for website & marketing purposes. (Jpg.)

FACEBOOK: \_\_\_\_\_ TWITTER: \_\_\_\_\_

INSTAGRAM: \_\_\_\_\_ LINKEDIN: \_\_\_\_\_

*\*Organization/Business Information provided above will be added to website unless otherwise requested.*

BILLING ADDRESS (IF DIFFERENT FROM ABOVE): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BILLING REP. NAME: \_\_\_\_\_

PRIMARY REP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

2<sup>nd</sup> REP: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

*\*Emails will be added to marketing database unless otherwise requested and will **NOT** be shared!*

Application Date: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ PRINT: \_\_\_\_\_

### ~ For Office Use Only ~

ChamberMaster: \_\_\_\_\_ Email- Outlook: \_\_\_\_\_ Mail Chimp: \_\_\_\_\_ Logo: \_\_\_\_\_

Letter: \_\_\_\_\_ Decal: \_\_\_\_\_ Social Media: \_\_\_\_\_ Announcement: \_\_\_\_\_

**PAYMENT:** CASH \$ \_\_\_\_\_ CHECK/CASH CHECK \$ \_\_\_\_\_ NO. \_\_\_\_\_ CREDIT CARD: (Call for payment/online)

**Please complete BOTH Pages of the Membership Application.**

**BUSINESS REVIEW**

**Business Description/ Products & Services Offered:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Hours of Operation:** \_\_\_\_\_

**Business Classification- select up to (3) categories that best represents your type of business:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Advertising & Media                     | <input type="checkbox"/> Marketing & Communications  | <input type="checkbox"/> Event Management            |
| <input type="checkbox"/> Business & Professional Service         | <input type="checkbox"/> Finance & Insurance   | <input type="checkbox"/> Legal                       |
| <input type="checkbox"/> Computers & Telecommunications          | <input type="checkbox"/> Manufacturing, Production & Wholesale   | <input type="checkbox"/> Non-Profit                  |
| <input type="checkbox"/> Construction Equipment & Contractors    | <input type="checkbox"/> Real Estate, Moving & Storage   | <input type="checkbox"/> Religious Organizations     |
| <input type="checkbox"/> Home & Garden                           | <input type="checkbox"/> Public Utilities & Environnent  | <input type="checkbox"/> Automotive & Marine         |
| <input type="checkbox"/> Personal Service & Care                 | <input type="checkbox"/> Health Care   | <input type="checkbox"/> Pets & Veterinary           |
| <input type="checkbox"/> Restaurants, Food & Beverages           | <input type="checkbox"/> Lodging & Travel  | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Arts, Culture & Entertainment           | <input type="checkbox"/> Sports & Recreation   | <input type="checkbox"/> Transportation              |
| <input type="checkbox"/> Family, Community & Civic Organizations | <input type="checkbox"/> Government, Education & Individuals <i>*Individual will be listed with Name only!</i> |  |

**Number of Employees:** \_\_\_\_\_ **Number of Years in Business:** \_\_\_\_\_

**How can the Chamber of Commerce serve you?** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Are you interested in serving on a Committee (Event/Ambassador/Etc.?)** \_\_\_\_\_

**Preferred Billing Method:** Email: \_\_\_\_\_ Mail \_\_\_\_\_ ACH (Contact Chamber) \_\_\_\_\_ AutoPay- ANNUALLY \_\_\_\_\_

**\*This membership investment/pledge will be renewed Annually unless it is: CANCELLED IN WRITING!**  
***\*To update any information after joining please visit:***  
**[www.lampasaschamber.org](http://www.lampasaschamber.org)- Member Login or email [lampasaschamber@sbcglobal.net](mailto:lampasaschamber@sbcglobal.net).**

***Thank You for Joining The Lampasas County Chamber of Commerce & Visitor Center Family!***