## **2023 New Member Application**



Our Mission: To support the membership by enhancing the quality of life, promoting business and improving the economic development of the Athens area.

FORM: \_ CC:\_\_\_\_

## **Member Levels**

151+ Employees	\$1,000
🗌 76 – 150 Employees	\$825
🗌 51 – 75 Employees	\$625
🗌 26 – 50 Employees	\$500
🗌 11 – 25 Employees	\$400
🗌 1 – 10 Employees	\$275
Individual	\$175
□ Non-Profit	\$200

LTR:

Directory (Published) Informati	ion:	
Directory (Published) informati	ion.	
Company Name		Primary Contact
Company Phone		Email Address
Physical Address (storefront, pla	ant, etc.)	Business Categories
City, State, Zip		Social Media Preference Facebook Twitter Instagram LinkedIn
For Office and Website Use:		
Primary Contact Title		# Full-Time Employees # Part-Time Employees
Primary Contact Cell Phone		Payment Options:
Website		CashCheckCredit CardInvo
Mailing & Billing Address		
Secondary Contact Name & Title	е	Authorized Member Signature Date
Secondary Contact Email Address	Print	
		Yes, I agree for my information to be shared with third parties for solicitation purposes outside of Chamber busin
Please Return completed forn	n to the Athens Chambe	er of Commerce:
Mail:201 W Corsicana St., Ste 1, A Email: <u>athensTXchamber@outloc</u> Phone: (903) 675-5181		
For Office Use Only:		
Date Completed:	CM:	PYMT:

QB: