



CRANFILLS GAP CHAMBER OF COMMERCE

MEMBERSHIP FORM

I/WE apply for membership/renewal of membership of the Cranfills Gap Chamber of Commerce

Business Membership \$60 _____ **Individual Membership \$25** _____

Paid Cash/Check amount \$ _____ **Check #** _____

Business Name: _____

Name/If Individual: _____

Business Address: _____

Mailing Address: _____

Phone(Bus.): _____ **Fax** _____

Phone Mobile: _____

Email: _____

Website: _____

Business Description: _____

Business Facebook Page Name: _____

I give permission for my business and/or personal information to be listed in the members directory, chamber website and Chamber Facebook page..... Yes/No

I give permission for the chamber to send me emails and information at its discretion..... Yes/No

I give permission for the chamber to add me to the CallFire call & Remind text alerts..... Yes/No

Signature: _____ **Date** _____

Please attach business card for advertising purposes.

Make checks payable to: Cranfills Gap Chamber of Commerce
PO BOX 71
Cranfills Gap, TX 76637