Goldthwaite Area Chamber of Commerce Membership Application

Business Name:			
Business Address __			
City:	State:	Zip Code:	
City:	State:	Zip Code:	
Phone Number: _		Fax Number	
Website Address:			
Email Address			
Primary Contact N	Jame:		
Goods/Services Provided:			
	hip dues per year:		
Cas was New profit organization			
	\$50 per individual/Family		
	\$100 per Business with 0-1 full time employees		
	\$125.00 per Business with 2-4 full time employees		
	\$250 per Business with 5 or more full time employees		
	7250 pc. 235cos		

Please mail application and payment to:

Goldthwaite Area Chamber of Commerce
P. O. Box 308
Goldthwaite, Texas 76844
www.goldthwaiteareachamber.com