



MEMBERSHIP/RENEWAL APPLICATION

Name(s): _____
(Business or Individual)

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Person to whom mail should be sent: _____

Physical Address: _____

Would you be interested in sponsoring a monthly luncheon? _____

Signed: _____ Date _____

Keene is our Business

Membership Levels (Check One):

Annual Dues:

- | | |
|---|----------|
| <input type="radio"/> Individual or Couple: | \$35.00 |
| <input type="radio"/> 0-5 Employees: | \$60.00 |
| <input type="radio"/> 6-12 Employees: | \$120.00 |
| <input type="radio"/> 13+ Employees: | \$180.00 |

Please return completed application along with a check for the appropriate level of dues to:

P.O. Box 817 Keene, Texas 76059 817-556-2995
Website: www.keenechamber.org & follow us on Facebook!

Added to Website

Added to Constant Contact List

Ribbon Cutting Scheduled