



## 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):**

- Individual or Couple:
- 0-5 Employees:
- 6-12 Employees:
- 13+ Employees:

#### **Annual Dues:**

\$35.00  
\$75.00  
\$150.00  
\$200.00

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](http://www.keenechamber.org) & follow us on Facebook!

Added to Website

Added to Constant Contact List

Ribbon Cutting Scheduled