



2019 MEMBERSHIP/RENEWAL APPLICATION

Name(s): _____
(Business or Individual)

Mailing _____ Address: _____

City, State, Zip: _____

Phone: _____ Cell: _____ Fax: _____

Email: _____ Website: _____

Person to whom correspondence should be sent: _____

Physical Address: _____

Would you be interested in sponsoring a monthly luncheon for \$100? _____

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: | \$75.00 |
| <input type="radio"/> 6-12 Employees: | \$150.00 |
| <input type="radio"/> 13+ Employees: | \$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

www.keenechamber.org , info@keenechamber.org & follow us on Facebook!

Added to Website Added to Membership List Added to Constant Contact List Ribbon Cutting Scheduled