



## 2020 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](http://www.keenechamber.org) , [info@keenechamber.org](mailto:info@keenechamber.org) & follow us on Facebook!

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