

**Cen-Tex African American Chamber of Commerce
715 Elm Avenue Waco, TX 76704
(254) 235-3204**



Corporate and Major Business Application Only

MEMBERSHIP APPLICATION

DATE:

YOUR CONTACT INFORMATION

Name of Your Business:

Contact Person (Owner or Employee):

Business Address:

City:	State:	ZIP Code:
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Primary Phone Number:	Alternate Phone Number:
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Primary Email:	Alternate Email:
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Website Address:	Social Media:
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INFORMATION ABOUT YOUR BUSINESS OR ORGANIZATION

Please tell us about the goods or services you provide:

How long have you been in operation?

If not yet in operation, when do you plan to open?

HOW DID YOU HEAR ABOUT US?

<input type="checkbox"/> Existing Member	<input type="checkbox"/> TV	<input type="checkbox"/> Social Media	<input type="checkbox"/> Other _____
<input type="checkbox"/> Referral? _____	<input type="checkbox"/> Radio		

**HOW WOULD YOU LIKE TO ENGAGE WITH COMMUNITY?
(please select all that apply)**

<input type="checkbox"/>	Marketing or Advertising Strategies
<input type="checkbox"/>	Access to Capital
<input type="checkbox"/>	Business & Financial Literacy Training
<input type="checkbox"/>	Work Force Development
<input type="checkbox"/>	Hosting Networking Events
<input type="checkbox"/>	Ribbon-Cuttings / Grand Openings
<input type="checkbox"/>	Media Exposure
<input type="checkbox"/>	Community Outreach
<input type="checkbox"/>	Other:

Please call or email us to set up an appointment and a tour of our facility.
Email: info@centexchamber.com | Phone: 254-235-2304 | Website: www.centexchamber.com

* PLEASE SELECT THE EVENT OR PROGRAM YOU WOULD LIKE TO SUPPORT. *

CHAMBER EVENTS AND PROGRAMS

<input type="checkbox"/> ANNUAL AWARDS BANQUET (CTAACC)	<input type="checkbox"/> HUB CONTRACTOR ROUNDTABLE
<input type="checkbox"/> A SOLAR AFFAIR CELEBRATION	<input type="checkbox"/> JUNETEENTH PARADE CELEBRATION
<input type="checkbox"/> BIG HAT BRUNCH (ESTHER'S CLOSET)	<input type="checkbox"/> MID YEAR BUSINESS NETWORKING EVENT
<input type="checkbox"/> BLACK BUSINESS BINGO	<input type="checkbox"/> MOTHER'S DAY RAFFLE (ESTHER'S CLOSET)
<input type="checkbox"/> BOSS CONFERENCE	<input type="checkbox"/> OPEN HOUSE WITH ESTHER'S CLOSET
<input type="checkbox"/> CONTRACTOR ROUNDTABLE	<input type="checkbox"/> PETWORKING IN THE PARK
<input type="checkbox"/> CTMB EQUITY FUND	<input type="checkbox"/> SMALL BIZ IN SPORTS
<input type="checkbox"/> FUN FIT WITH ESTHER'S CLOSET	<input type="checkbox"/> WE SAY THANKS
<input type="checkbox"/> GALENTINES (ESTHER'S CLOSET)	<input type="checkbox"/> YOUNG CEOs LEMONADE DAY

* PLEASE INDICATE YOUR PREFERRED LEVEL OF SUPPORT FOR CHAMBER PROGRAMMING *

ANNUAL SPONSORSHIP INVESTMENT

<input type="checkbox"/>	TIER 1 – BENEFACTOR SPONSOR	\$ 25,000
<input type="checkbox"/>	TIER 2 – SUSTAINER SPONSOR	\$ 15,000
<input type="checkbox"/>	TIER 3 – INVESTOR SPONSOR	\$ 10,000

ANNUAL MEMBERSHIP INVESTMENT

<input type="checkbox"/>	TIER 4 – PARTNER	\$ 5,000
<input type="checkbox"/>	TIER 5 – SUPPORTER	\$ 2,500
<input type="checkbox"/>	TIER 6 – MEMBERSHIP ONLY	\$ 1,000

BILLING INFORMATION REQUESTED BELOW

* WE UNDERSTAND THAT BUDGET CYCLES VARY AMONG COMPANIES. PLEASE SPECIFY THE PAYMENT TIMELINE THAT IS MOST CONVENIENT FOR YOU. *

<input type="checkbox"/> FIRST OF THE YEAR	EXPECTED PAYMENT IN JANUARY
<input type="checkbox"/> MID-YEAR	EXPECTED PAYMENT IN JULY

METHOD OF PAYMENT

(please select all that apply)

<input type="checkbox"/>	Debit or Credit Card *** (additional processing fees may apply) ***		
Name of Card Holder (as printed on the card)			
Card No:	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express		
Expiration Date:	CVV Security Code:	Zip Code:	
<input type="checkbox"/>	Check or Money Order		
<input type="checkbox"/>	Cash		
Total Amount _____	<p align="center">* PLEASE SPECIFY YOUR EXACT TOTAL CONTRIBUTION COMMITMENT *</p> <p align="center">Make check or money order payable to CTAACC. Remit payment & application to 715 Elm Ave. Waco, TX 76704</p>		

PLEASE SIGN BELOW

By affixing my signature below, I acknowledge my acceptance of the terms outlined in this application. I also confirm my selected financial commitment.

Applicant's Signature:

** CTAACC relies upon your annual membership investments to support Chamber operations and member initiatives, therefore, all payments are nonrefundable. We appreciate your support. **