

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



Non-Profit and Small Business Application Only

**MEMBERSHIP APPLICATION**

**DATE:**

**YOUR CONTACT INFORMATION**

**Name of Your Business:**

**Contact Person (Owner or Employee):**

**Business Address:**

<b>City:</b>	<b>State:</b>	<b>ZIP Code:</b>
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<b>Primary Phone Number:</b>	<b>Alternate Phone Number:</b>
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<b>Primary Email:</b>	<b>Alternate Email:</b>
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<b>Website Address:</b>	<b>Social media:</b>
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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 MAY WE ASSIST YOU?  
(please select all that apply)**

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

Please call or email us to set up an appointment and a tour of our facility.  
Email: [info@centexchamber.com](mailto:info@centexchamber.com) | Phone: 254-235-2304 | Website: [www.centexchamber.com](http://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"/> JUNETEENTH PARADE CELEBRATION
<input type="checkbox"/> A SOLAR AFFAIR CELEBRATION	<input type="checkbox"/> MID YEAR BUSINESS NETWORKING EVENT
<input type="checkbox"/> BIG HAT BRUNCH (ESTHER'S CLOSET)	<input type="checkbox"/> M OTHER'S DAY RAFFLE (ESTHER'S CLOSET)
<input type="checkbox"/> BLACK BUSINESS BINGO	<input type="checkbox"/> OPEN HOUSE WITH ESTHER'S CLOSET
<input type="checkbox"/> BOSS CONFERENCE	<input type="checkbox"/> PETWORKING IN THE PARK
<input type="checkbox"/> CONTRACTOR ROUNDTABLE	<input type="checkbox"/> SMALL BIZ IN SPORTS
<input type="checkbox"/> CTMB EQUITY FUND	<input type="checkbox"/> V.I.B.E. WORKSHOPS
<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
<input type="checkbox"/> HUB CONTRACTOR ROUNDTABLE	

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

### ANNUAL SPONSORSHIP INVESTMENT

<input type="checkbox"/>	PARTNER	\$5,000	<input type="checkbox"/>	SILVER SPONSOR	\$1,000
<input type="checkbox"/>	SUPPORTER	\$2,500	<input type="checkbox"/>	BRONZE SPONSOR	\$500
<input type="checkbox"/>	GOLD SPONSOR	\$2,000	<input type="checkbox"/>		

### ANNUAL MEMBERSHIP DUES ONLY

<input type="checkbox"/>	SMALL BUSINESS	\$250	<input type="checkbox"/>	CHURCH	\$125
<input type="checkbox"/>	MICRO BUSINESS	\$200	<input type="checkbox"/>	INDIVIDUAL	\$75
<input type="checkbox"/>	NON-PROFIT	\$200	<input type="checkbox"/>	STUDENT	\$50
<input type="checkbox"/>	GOVERNMENT AGENCY	\$125	<input type="checkbox"/>		

### BILLING INFORMATION REQUESTED BELOW METHOD OF PAYMENT

(please select all that apply)

<input type="checkbox"/>	Debit or Credit Card *** (additional processing fees may apply) ***
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Name of Card Holder (as printed on the card)

Card No: \_\_\_\_\_ Card Type:  Visa  MasterCard  Discover  American Express

Expiration Date: \_\_\_\_\_ CVV Security Code: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Check or Money Order

Cash

Total Amount \_\_\_\_\_ \* PLEASE SPECIFY YOUR EXACT TOTAL CONTRIBUTION COMMITMENT \*  
**Make check or money order payable to CTAACC.**  
**Remit payment & application to 715 Elm Ave. Waco, TX 76704**

### 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. \*\*