

**Please complete the following application to begin your membership in the Burleson Area Chamber of Commerce.**

**If you would like to use the monthly auto-draft payment option, please complete the ACH authorization form as well. Auto-draft payments will incur a small administrative fee for each transaction. First month ACH payment for new members will include a one-time administrative fee of \$25.**

**Submit your application by fax to: 817-295-6192.**

**Or send it by mail to:**

**Burleson Area Chamber of Commerce  
1044 SW Wilshire  
Burleson, TX 76028**

**Once your application has been received a staff member will contact you to confirm receipt and schedule your ribbon cutting.**

**If you have any questions, please call the Chamber at 817-295-6121.**





## Membership Application Form

Please provide the following information as it should appear in the membership directory.  
Payments may be made by check, cash, credit card, or automatic bank draft.

**Business Name:** \_\_\_\_\_

**Contact Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Web Site:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Referred/Recruited By:** \_\_\_\_\_

Invoices/statements will be sent via e-mail to the address you provided. To receive paper invoices/statements check this box.

*I understand membership is continuous. I agree to abide by the Bylaws of the organization and pay dues as assessed until I resign in writing to the Burlleson Area Chamber of Commerce. I further understand that I shall be liable for all dues and fees assessed to my account prior to my written resignation as well as any costs or fees associated with collecting any outstanding balances owed to the Burlleson Area Chamber of Commerce. I hereby apply for membership into the Burlleson Area Chamber of Commerce at the level stated below:*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **First Year Administrative Fee of \$25 Included. Applies To New Members Only**

**Individual Membership\*** \$155

**Non-Profit Organizations** \$130

**Commercial Membership** *(Based on Number of Employees)*

1-25 \$250

26-50 \$275

51-99 \$300

100-300 \$375

300+ \$550

**Associate Membership (Elected Officials.)** \$155

**Financial Institution & Utilities Companies Membership** \$1,100 (required)

*\*Individual memberships are not included in membership directories or referral databases*

**Total Charge Amount \$** \_\_\_\_\_  **Check or Cash Enclosed**  **Credit Card**  **Auto Draft\***

MasterCard  Visa  Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3 or 4 Digit Code \_\_\_\_\_

Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

*Please Print*

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

*\*\*If you would like to use the monthly auto draft option, please complete ACH Authorization form.  
Please mail completed forms to: 1044 Wilshire, Burlleson, TX 76028 or fax to 817-295-6192.*

1044 SW Wilshire Blvd. ★ Burlleson, TX 76028 ★ Phone: 817-295-6121 ★ Fax: 817-295-6192

[www.burlesonareachamber.com](http://www.burlesonareachamber.com)



**Authorization Agreement for Direct Payments (ACH Debits)**

I (we) authorize the Burlleson Area Chamber of Commerce to initiate debit entries to my (our) bank account as indicated below at the depository financial institutions named below, hereafter called Depository, and to debit the same to such account. I (we) acknowledge the origination of the ACH transactions to my (our) account must comply with the provisions of the U.S. Law.

Depository Name: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type of Account:    Checking ( )        Savings ( )

This authorization is to remain in full force and effect until the Burlleson Area Chamber of Commerce has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Burlleson Area Chamber of Commerce and the Depository a reasonable opportunity to act on it.

I further understand that Chamber membership is purchased annually, and renews automatically in the same month each year until I (we) cancel our membership. If I (we) choose to discontinue automatic payments prior to end of this twelve month period, I (we) shall remain liable for the balance of the annual membership dues, all collection costs, and fees related to remaining or outstanding balances.

Member Name: \_\_\_\_\_  
(Please Print)

Name of Authorized Signer: \_\_\_\_\_  
(Please Print)

Signature of Authorized Signer: \_\_\_\_\_

Amount to debit for most popular membership (Commercial Membership up to 25 employees)\*:

First Month (includes one time admin fee)   \$47.25   Each month thereafter:   \$22.25  

*If your membership is not the typical commercial membership, please call the Chamber at 817-295-6121 to determine the first month, and recurring amounts to debit & fill them in below.*

First Month (includes one time admin fee) \$ \_\_\_\_\_ Each month thereafter: \$ \_\_\_\_\_

Month & Year to Begin ACH Debit: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\* First month debit will include a one-time administrative fee charged to new members.