



MEMBERSHIP APPLICATION

San Marcos Area Chamber of Commerce

P.O. Box 2310 • 202 North C.M. Allen Pkwy • San Marcos, TX 78667
512.393.5900 (o) • 512.393.5912 (f) • chamber@sanmarcostexas.com

Company Name _____

Contact Person(s) and Title _____

Primary Business Category (*yellow page style category*) _____ Additional Category _____

Primary Phone / Type _____ Fax _____ Secondary Phone / Type _____

Website _____ Email (*this will not be published or given out*) _____

Mailing Address _____ City/State/Zip _____

Physical Address (if different from above) _____ City/State/Zip _____

Applicant Signature / Date _____ Sponsor Signature _____

Please give a brief description of your business: _____

Membership Opportunities
<input type="checkbox"/> Contact me for Website Enhancement
<input type="checkbox"/> Visit a Committee (mark boxes on Areas of Interest form)
<input type="checkbox"/> Schedule a Ribbon Cutting
<input type="checkbox"/> Contact me about the Member-to-Member Discount Program

Annual Membership: \$ _____

One-Time Processing Fee: \$25.00

Investment Total \$ _____

Payment Method: Check Cash
(*please select one*) Visa M/C Amex

CC#: _____

V-Code: _____ Exp Date: _____
(*three digit number on back*)

Name as it appears on card: _____

Billing Address: _____