

**FORT DAVIS CHAMBER OF COMMERCE MEMBERSHIP**  
**APPLICATION**

**DUES SCHEDULE**

INDIVIDUAL            \$25.00  
NON-PROFIT ORG    \$50.00  
BUSINESS            \$100.00  
2<sup>ND</sup> BUSINESS        \$50.00  
3<sup>RD</sup> BUSINESS        \$50.00  
EACH ADDITIONAL  
CATEGORY LISTING    \$10.00

**BUSINESS CATEGORY**

Accommodations  
Attractions  
Education  
Individual Supporter  
Medical Services  
Non-Profit  
Ranches  
Restaurants  
Retail Sales  
Services

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

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

**Mailing Address:** \_\_\_\_\_

**Physical Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Fax Number** \_\_\_\_\_

**E-Mail Address** \_\_\_\_\_ **Web Address** \_\_\_\_\_

**Description of Business:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Business Hours:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount: \_\_\_\_\_ Check # \_\_\_\_\_

Web Page Required:    Y    N    Date sent to web master \_\_\_\_\_

Web Page Required:    Y    N    Date sent to web master \_\_\_\_\_