



MEMBERSHIP APPLICATION
PRINCETON AREA CHAMBER OF COMMERCE
319 McKinney Avenue
Princeton, TX 75407
Phone: 972-736-6462 Fax: 972-734-5276
info@princetontxchamber.com
<http://www.princetontxchamber.com>

I hereby make the application for the following category of membership in the Princeton Area Chamber of Commerce:

Business Name: _____
Mailing Address: _____ Publish on website: ___yes ___no
City _____ State: _____ Zip: _____
Physical Address: _____ City: _____ State: _____
Zip: _____
Office Phone: _____ Cell Phone: _____
Fax: _____
Email Address: _____
Website: _____
Contact Person: _____
Title: _____
Business Type and Description: _____
Number of Employees: _____ Full Time: _____ Part Time: _____
Category for Website: *(Please indicate category you would like to be listed under. Only one category per listing. Additional listings are \$50.00 per year.)* _____

MEMBERSHIP BENEFITS:

- Annual events with opportunities for sponsorship/exposure
- Ribbon cutting with photo in local newspaper
- Display your marketing material in Chamber of Commerce Visitor Center
- Your marketing material in our new "Welcome Bags"
- Listing by category on the Chamber website
- Member Focus with a photo and article in local newspaper
- 12 FREE ads in monthly eNews!
- Networking at monthly luncheon
- Member only referrals
- Social media marketing

MEMBERSHIP DUES:

____ Large Business Membership \$250 ____ Individual Membership \$100
____ Small Business or Not for Profit \$150.00

Make all checks payable to: Princeton Area Chamber of Commerce or PACC

By applying for a membership to the PACC, I agree to support and abide by the By-Laws of the Chamber, copy by request, if accepted into membership. I understand that my Chamber membership services and benefits will terminate after 30 days from renewal statement date if dues are unpaid.

SIGNATURE: _____

DATE: _____

THANK YOU FOR YOUR SUPPORT

Your investment is not tax deductible as a charitable contribution but may be deducted as a business expense.