



MEMBERSHIP APPLICATION

Check Membership Type: Business Membership Individual Membership

Business/Individual Name: _____

Mailing Address: _____

Physical Address: _____

Land Line: _____ Fax: _____

Cell: _____ Other Phone: _____

Web Site: _____ Other Social Media: _____

Contact Person: _____

Email: _____

Please write a 2 line, short but detailed description of your business:

Please check one category that best describes your membership:

Eat, Shop, Play and Stay Community Member Services & Professionals

Agricultural & Farming Individual & Family Members

Dues Structure:

Individual Member:..... \$25.00 each/\$40 family

Business Members: 0-5 employees.....\$50.00

 6-16 employees.....\$75.00

 16+ employees..... \$100.00

Financial, Educational, and Hospitals:..... \$125.00

Utilities:.....\$150.00

DATE: _____ **Amount Enclosed:** _____

THANK YOU FOR JOINING THE VALLEY VIEW CHAMBER OF COMMERCE.

President: Tamera Whitlow

Secretary: Anita Thayer

Treasurer: Sue Carr

Vice-President: Nancy Jackson

Press/Social: Laura McMullen

Director: Jimmy Nickerson

Director: Lisa Jones

Director: Amy Ferris

Director: Laura McMullen

Director: Jessica Dixon

Mail Application and Remittance to:

Valley View Chamber of Commerce; PO Box 1; Valley View, TX 76272

www.valleyviewchamber.org; vvchamber@gmail.com