



CHAMBER OF COMMERCE

The City that Bricked the World.

MEMBERSHIP APPLICATION

Business Name: _____

Business Type: _____

Business Address: _____

Business Phone: (_____) - ____ - _____

Business Email: _____

What products or services does your business offer? _____

Applicant Information:

Name: _____

Position at Business: _____

Cell Phone: (_____) - ____ - _____

Personal Email: _____

Reason for wanting to join the Ferris Chamber of Commerce?

Mail completed application to: Ferris Chamber of Commerce, PO Box 45, Ferris, Texas 75125

YEARLY MEMBERSHIP FEES

Membership Fees are due annually on or before February 28.

ASSOCIATE MEMBERSHIP (NO VOTING RIGHTS): \$50

CIVIC ORGANIZATIONS, CHURCHES AND/OR NON-PROFITS \$50

HOME BASED, FAMILY OWNED BUSINESS (2-7 EMPLOYEES) \$75

BUSINESS (8-15 EMPLOYEES) \$150

BUSINESS (16-30 EMPLOYEES) \$250

BUSINESS (31 OR MORE EMPLOYEES) \$500