ABERNATHY CHAMBER OF COMMERCE

Application for membership

1. Name_____

2. Address_____

   City_____State_____Zip_____

3. Phone_____

   Fax_____

   Email_____

4. Contact _____

   Address_____

   City_____State_____Zip_____

5. Type of membership _____Business

   _____Individual

I, do hereby agree to pay to the Abernathy Chamber of Commerce dues in the amount of $_____ per month for a business, or $ _____per month for an individual membership. I also agree to abide by the Abernathy Chamber of Commerce By-Laws and constitution.

I understand that if my dues lapse past a ninety (90) day period, that my membership will be automatically expelled and if I choose to rejoin, I must resubmit an application for membership.
I have been given a copy of the Abernathy Chamber of Commerce By-Laws.

_____
Signature of prospective member

_____
Date