

425 Spring Street
Columbus, TX 78934



979-732-8385
columbus.texas.org

2025 Chamber of Commerce Membership Application

Membership Renewal

New Membership

Date: _____

Business/Individual: _____ # of Employees _____

If Business, Primary Contact Person: _____ Title: _____

Secondary Contact Person: _____ Title: _____

Business Phone: _____ Cell Phone: _____

Primary Contact Email: _____

Secondary Contact Email: _____

Website: _____ Facebook Page: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address: _____ City/State/Zip: _____

Description/Type of Business and/or Service. Please describe in 250 words or less (use additional page if needed) : _____

Membership Structure

_____ 1-5 Employees	\$150	_____ Individual/Couple	\$100
_____ 6-10 Employees	\$175	_____ Nonprofit/Civic Organization	\$100
_____ 11-20 Employees	\$275	Membership for multiple locations of a business of the same name will be at the rate of one-half for the additional locations.	
_____ 21-40 Employees	\$525		
_____ Over 40 Employees	\$675		

Additional Riders on the back

Additional Riders to Memberships

_____ Monthly Newsletter Ad, twice a month for one year	\$500
_____ Monthly Newsletter Ad, once a month for one year	\$300
_____ 1st of the month _____ 15th of the month	

I understand my membership will automatically renew each year in January. In the event I choose not to renew my membership or change my riders, I will notify the Columbus Chamber of Commerce on or before the renewal date of January 1. If membership dues are not paid within 90 days of invoice date, I understand that my account will become inactive and there will be a \$25 administrative charge added for reactivating my membership.

NOTE: Individual Membership information will not be publicly displayed.

Signature

Date

Title

OFFICE USE ONLY:

CM ___ FB ___ CC ___ CHAMBERLINK ___ NEWSLETTER ___

CASH _____ CHECK # _____ CC _____ AMOUNT _____ DATE SUBMITTED ___/___/202__ RCV'D BY _____