



# New Member Application

Business Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing Address: (if different) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_

Company Website: \_\_\_\_\_

Number of employees: Full time \_\_\_\_\_ Part time \_\_\_\_\_ Number of years in business: \_\_\_\_\_

Business Category (to be used for Directory listing) \_\_\_\_\_

Brief Description of Business (to be used in Directory) \_\_\_\_\_

\_\_\_\_\_

**Interested in: (you will be contacted)**

Ribbon Cutting?  Member Discount Program?  Hosting Mixer?

Committee Participation?

How did you hear about the Chamber? \_\_\_\_\_

Referred by: \_\_\_\_\_

**Please return completed form with \$160 dues payment to:**

Alamo Heights Chamber of Commerce

P.O. Box 6141 □ San Antonio, Texas 78209

Questions? Please contact the Chamber at (210) 822-7027

or email: [admin@alamoheightschamber.org](mailto:admin@alamoheightschamber.org)

For Office Use:

Rec'd: \_\_\_\_\_ Pmt: \_\_\_\_\_

Bd Mtg \_\_\_\_\_

Approval date: \_\_\_\_\_

Notif: \_\_\_\_\_

Listing: \_\_\_\_\_