



MEMBERSHIP AGREEMENT

THE BANDERA COUNTY CHAMBER OF COMMERCE MISSION

The mission for The Bandera County Chamber of Commerce is to be an advocate for all our members and the business community in building and sustaining a diverse and prosperous economy.

GENERAL INFORMATION

The Bandera County Chamber of Commerce is tax-exempt under Section 501 (C)(6) of the United States Internal Revenue Code. However, in compliance with the Omnibus Budget Reconciliation Act of 1993, 5% of your membership investment is not deductible from federal income taxes as a business expense because it is allocable lobbying expenditures. The remaining 95% of your investment may be deductible as ordinary business expense, not a charitable contribution. Further information on this law should be obtained from your tax advisor.

MEMBERSHIP INFORMATION

Business Name _____ Street Address _____ Mailing Address _____ City, State, Zip _____ Local CEO _____ Title _____ E-Mail Address _____ Main Contact _____ Title _____ E-Mail Address _____ I understand that this application must be approved by the Board of Directors before I officially become a member of the Bandera County Chamber of Commerce <p style="text-align: center;">NEW ___ or RENEWAL ___</p>	Business Web Site Address _____ Phone _____ Fax _____ Year Business Began ___ Number of Local Employees ___ Type of Business _____ Please see attached for a listing of our web site categories, and circle which category you want to be listed under. Please send the Chamber news letter and notify me of Chamber events via E-mail ___ Include my Business in the Member Discount Program ___ I WOULD BE INTERESTED IN SERVING ON THE FOLLOWING COMMITTEE: Gala ___ Membership ___ Business Development ___ Funding Source ___ Technology ___ Hunter's BBQ ___ Special Events ___ Volunteers ___ Sponsor Information: Name _____ Phone _____ Business Name _____ Member Number _____
Make Check Payable to: Bandera County Chamber of Commerce Membership Department P.O. Box 2445 Bandera, Texas 78003 (for office use only) Approved By Executive Board (date) _____ Deposit date _____	Annual Investment \$ _____ Master Card ___ Visa ___ Account _____ Exp Date _____ _____ Check Number _____ Authorizing Agent Signature _____