



GATESVILLE CHAMBER OF COMMERCE

Spur Capital of Texas

A NICE PLACE TO VISIT · A GREAT PLACE TO LIVE

Membership Application

Organization name: _____

Contact name: _____

Physical Address: _____

Mailing Address: _____

Phone: _____

Email: _____

Website: _____

Product of Service: _____

Number of Employees: _____

As a new member I agree to pay a one time \$25 processing fee, in addition to annual member dues. Membership rates are prorated for the initial year, and will be invoiced for the first full year and all subsequent years in January. Membership is continuous until receipt of written resignation or non payment of dues.

Signature: _____ Date: _____

Gatesville Chamber of Commerce

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