



P.O. BOX 572 · 1115 ANGELO STREET · CASTROVILLE, TEXAS 78009
 (830) 538-3142 · FAX (830) 538-3295 · 1-(800) 778-6775
 chamber@castroville.com · www.castroville.com

APPLICATION FOR MEMBERSHIP

___ BUSINESS \$130 ___ INDIVIDUAL \$50 ___ COUPLE \$60
 ___ OVER 65 \$30 ___ NON-PROFIT \$40

COMPANY NAME: _____

NAME & TITLE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: Business: _____ Secondary: _____ Fax: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

TYPE OF BUSINESS: _____

KEY PRODUCTS OR SERVICES: _____

YEAR & MONTH BUSINESS STARTED: _____ EMPLOYEES: # Full-Time _____ # Part-Time _____

Do you want to be reminded of the monthly luncheons? Yes _____ No _____

What projects would you like to see the Chamber work on? _____

Would you like to be a Chamber Director? Yes _____ No _____ Maybe _____

In which of the following areas would you like to volunteer your services?

<i>STANDING COMMITTEES</i>	<i>SPECIAL EVENTS COMMITTEES</i>
Economic Development	Old-Fashion Christmas
Education	Special Events
Finance	Tourism Events
Government/Legislative Affairs	Other
Membership	
Red Vest (Welcoming)	

Applicant's Signature: _____ Date: _____