



**CASTROVILLE AREA
CHAMBER OF COMMERCE**

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

2018 APPLICATION FOR MEMBERSHIP

BUSINESS \$175 **INDIVIDUAL \$50** **COUPLE \$60** **OVER 65 \$30** **NON-PROFIT \$40**

COMPANY NAME: _____

NAME & TITLE: _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

TELEPHONE: Business: _____ Mobile: _____ Fax: _____

E-MAIL ADDRESS: _____ WEB SITE: _____

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 lead or participate in a committee? Yes _____ No _____ Possibly _____

In which of the following areas would you be interested in sharing your skills and expertise?

STANDING COMMITTEES

Agriculture	Government/Legislative Affairs
Ambassadors Program	Marketing
Beautification	Membership
Education	Red Vest
Finance	Technology
Fundraising & Special Events Committee	

Applicant's Signature: _____ Date: _____