

# Hico Chamber of Commerce

I/WE apply for membership/renewal of membership of the Hico Chamber of Commerce.

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

Name/If Individual: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone(Bus.): \_\_\_\_\_ Fax: \_\_\_\_\_

Phone Mobile: \_\_\_\_\_

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

Business Description: \_\_\_\_\_

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**Membership Fees** –Please select from one of the following options:

**All Businesses - \$100.00** \_\_\_ **Non Profit organization or Ranching - \$50.00**\_\_\_ **Individual - \$25.00**\_\_\_

In applying for membership of the Hico Chamber of Commerce, I/We agree to abide by the Rules and Constitution of the chamber.

I give permission for my business information to be listed in the members directory and chamber website   yes/no

I give permission for the chamber to send me emails and information at its discretion   yes/no

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please mail application form with payment to Hico Chamber of Commerce**

**P.O. Box 561, Hico, TX. 76457.**

Thank you for your support from the Hico Chamber of Commerce.