



## **2026 Membership Renewal & New Membership Application**

Membership Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: Business \_\_\_\_\_ Cell: \_\_\_\_\_

Email (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

( ) For additional email addresses check here & list on the back of this form.

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Description of Your Business: \_\_\_\_\_

Year of Renewal/New \_\_\_\_\_ (Calendar Year)

### TYPE OF MEMBERSHIP

Business --- \$100       Non-Profit --- \$35       Individual --- \$25

Make checks payable to "Grapeland Chamber of Commerce."

If paying by mail, please use the address above. **Please Return This Form**

**THANKS FOR YOUR MEMBERSHIP**

