



Partnership Application-(2018)

Company Name _____
Type of Business _____ Number of Employees _____
Street Address _____
Mailing Address _____
Phone _____ Fax _____
Website _____
Facebook URL _____ Twitter URL _____

Main Contact _____
Email _____ Position _____

Additional Contact _____
Email _____ Position _____

Reasons for joining (select any that apply) ___ Networking ___ Credibility ___ Learning Opportunities
___ Government Advocacy ___ Community Involvement ___ Other _____

Choose the benefit level that’s right for you!

- Non Profit \$125 Business Level \$500 Corporate Level \$1,000
- Entrepreneur Level \$375 Leadership Level \$1,500 Presidential Level \$10,000
- Affiliate Level \$125* Executive Level \$5,000 Chairman Level \$15,000

**With paid primary location*

Refer to the Chamber benefit worksheet for additional marketing opportunities and benefit package.
Please note your preferred payment method. Check Credit Card Money Order

-Thank you for your support and interest. Please retain a copy of this application for your tax records.-

NOTE: Partnerships are held in the name of the business/firm and are not recognized until receipt of payment and approval by the Chamber Board of Directors. All Partnerships shall be continuous unless cancelled (A) in writing by the member, or (B) by the Chamber for non-payment of dues after (90) days, or (C) for noncompliance with Chamber policies.. Partnership in the Texarkana Chamber of Commerce may be revoked according to the terms set forth in the bylaws. A total of 95% of your annual investment is usually deductible as an ordinary and necessary business expense. Partnership investment is non-refundable

For Chamber Use Only: Application Date: _____ WebLink # _____
Annual Investment Amount _____ Payment Method _____ Payment received date _____
Receipt Sent _____ TY _____ Representative: _____