

Membership Application

Name _____

Primary company represented _____

Industry represented _____

Physical address _____

Primary phone number _____

Primary email _____

Are you a current member of the Kerrville Area Chamber of Commerce? Yes No

Please list the names and phone numbers of three references you do or have done business with.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

————— Membership committee use only below this line —————

References checked? Yes No

Are they in good standing with the Kerrville Area Chamber of Commerce? Yes No

Who admitted _____ Date admitted _____

