

Greater Irving-Las Colinas Chamber of Commerce



Membership Investor Application

- Chamber Member Economic Development Investor
 Las Colinas Marketing Alliance Technology Leadership Council

Member Information		
Company Name:		Year Est.:
Rep. Name & Title:		
Address:		
City:	State:	Zip Code:
Phone Number/Ext.:	Alt. Phone Number:	
Fax:	Website:	
E-Mail:		

Business Information	
Type of Business:	
<input type="checkbox"/> Woman - Owned Business <input type="checkbox"/> Minority - Owned Business <input type="checkbox"/> Non - Profit Entity	
# of Full Time Employees:	# of Part Time Employees:
Referred By:	
How long has your business been in Irving?	
Member Agreement: I agree to abide by the purposes and by-laws of the Greater Irving-Las Colinas Chamber of Commerce. I understand that membership will continue until I have resigned in writing and that upon said cancellation or termination of membership, I/my company will return/ surrender use of the Chamber membership plaque. All services are good for one year, which will begin promptly upon receipt of membership payment. All rights to the Chamber and its entities are reserved for the use and service of its members.	
Signature:	Date:

Committee Interest	
<input type="checkbox"/> Ambassador Program <input type="checkbox"/> Education <input type="checkbox"/> Governmental Affairs <input type="checkbox"/> Membership Services	<input type="checkbox"/> Small Business Development <input type="checkbox"/> Transportation <input type="checkbox"/> Women's Alliance <input type="checkbox"/> Workforce Enrichment Council

Investment & Payment Information			
Annual Investment: \$			
Payment Type: <input type="checkbox"/> Cash <input type="checkbox"/> Check/Check No.: _____		Charge: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> DISC	
Account Number:	Security Code:	Expiration Date:	
Signature:			
Address:			
City:	State:	Zip Code:	

