

membership application

contact information

Company: _____

Physical Address: _____

Billing Address (if different): _____

Main Phone Number: _____ Website: _____

Contact: _____ Title: _____

Direct Phone Number: _____ Email Address: _____

Additional Contact: _____ Title: _____

Direct Phone Number: _____ Email Address: _____

I have received a copy of the Plano Chamber of Commerce Membership Code of Conduct. I/we also understand that the failure to adhere to the professional and personal obligations of the Plano Chamber of Commerce, as outlined in the Member Code of Conduct, and defined in Article III of the bylaws, can result in the termination of my/our membership. A current copy of the bylaws is available online at planochamber.org.

additional information

Primary Category: _____ # of Employees: _____

Is your company a minority or women-owned business? Yes, minority-owned. Yes, woman-owned.

Does your company have an initiative to employ veterans? Yes No Referred By: _____

Reason for Joining - *select all that apply*:

Advocacy Community Involvement Education Business Connections Advertising Other

membership investment information

Please select your membership investment level below.*

Inspire \$7500 **Innovate** \$3750 **Invest** \$1750 **Excel** \$800 **Connect** \$400

*Benefits, products, and services offered at each level may vary over time based on current market and programs.

add-on

Enhanced Online Directory Listing \$125

*Included in Excel and above

payment information

Card Number: _____

Visa AmEx MasterCard Expiration Date: _____ Security Code: _____

Name on Card: _____

Billing Address: _____



submit:

mail - 5400 Independence Pkwy, Suite 200, Plano, TX 75023

email - membership@planochamber.org

online - planochamber.org/join