

P.O. BOX 572 · 1115 ANGELO STREET · CASTROVILLE, TEXAS 78009

(830) 538-3142 · FAX (830) 538-3295 · 1-(800) 778-6775 chamber@castroville.com · www.castroville.com

## **2017 APPLICATION FOR MEMBERSHIP**

·	'5	DUPLE \$60
COMPANY NAME:		
NAME & TITLE:		
MAILING ADDRESS:		
PHYSICAL ADDRESS:		
TELEPHONE: Business:	Mobile:	Fax:
E-MAIL ADDRESS:	WEB SITE:	
KEY PRODUCTS OR SERVICES:		
YEAR & MONTH BUSINESS STARTED:	EMPLOYEES: # Full-Time	e# Part-Time
Do you want to be reminded of the monthly	y luncheons? Yes No	
What projects would you like to see the Cho	amber work on?	
Would you like to lead or participate in a co	ommittee? Yes No	Possibly
In which of the following areas would you b	e interested in sharing your skills	and expertise?
STA	ANDING COMMITTEES	
agriculture	Government/Legislative Affa	airs
mbassadors Program	Marketing	
eautification	Membership	
ducation	Red Vest	
inance	Technology	
undraising & Special Events Committee		

Date: \_\_\_\_\_

Applicant's Signature: