



Sealy Chamber of Commerce
Business Connection

2017 Membership Investment & Sponsorship Application

309 Main Street
Sealy, Texas 77474
(979) 885-3222

www.sealychamber.com
sealycoc@sbcglobal.net

[ ] New Application [ ] Renewal Application Date of Application: \_\_\_\_\_

If renewal applicant, original date joined (month/year): \_\_\_\_\_

[ ] Business [ ] Individual Business Name: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Type of Business: \_\_\_\_\_

# of FT Employees (Including Owner/Manager): \_\_\_\_\_ # of PT Employees: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Alt. Phone: \_\_\_\_\_ Cell #: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Primary Email: \_\_\_\_\_ 2nd Email: \_\_\_\_\_

Website: \_\_\_\_\_

\*Everyone with a web site will receive a link on the Chamber's Web Site to help direct visitors to your business.

Table with 2 columns: Professional or Business Membership (Based on Number of Employees) and Other Membership Categories. Includes rows for employee counts (1-2 to 501+) and membership types like Second Business, Retiree, Austin County Medical Industry, etc. Also includes a Sponsorship section with Presidential, Diamond, Gold, and Silver sponsor levels.

YES or NO, I (do not) give my permission for the Sealy Chamber of Commerce to solicit my company by fax and/or email.

Signature of Representative Title of Representative Date