



GCCHCC MEMBERSHIP APPLICATION

Business Name: _____

Point of Contact: _____

Physical Address (City, State, Zip): _____

Mailing Address (If different than above): _____

Phone Number: _____ **E-mail:** _____

Website URL: _____

Social Media Info: _____

Circle Membership Level:

Elite Member (Corporate) \$500

Business Member (30+ employees) \$400

Business Member (10-29 employees) \$300

Business Member (1-9 employees) \$225

Business Member (0 Employees) \$100

Non-Profit Organization (ID No.) \$100

Individual Member \$35

Student Member \$25



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Briefly describe services and/or products associated with your business:

Referred by: _____

Are you willing to serve on a chamber committee? (Circle One) **Yes** **No**

Are there any specific events with which you would like to assist with? Please list below:



GCCHCC CREDIT CARD AUTHORIZATION FORM

Please complete all fields. You may cancel a scheduled authorization at any time by contacting the office. The authorization will remain in effect until cancelled or processed.

Member or Vendor Name: _____

Name and Date of Event: _____

Credit Card Number: _____

Expiration Date: _____ **Security Code (CCV):** _____

On an American Express card, the CCV number is the four-digit number located on the front of the card following the credit card number. For all other types, the CCV number is the three-digit number located on the back of the card.

Billing Information **Must match address on statement.*

Street Address: _____

Phone Number: _____ **Amount of Charge:** _____

Name on Card: _____

I, _____, hereby authorize the Greater Caldwell County Hispanic Chamber of Commerce of Lockhart, Texas, to charge the above pre-approved amount for a one-time transaction.