

THROCKMORTON CHAMBER OF COMMERCE

2024 Complimentary Membership Form

***Memberships are 12 months rolling from entry date*

Individual or Business Name: _____

Contact Person/Voter for Business: _____

Phone: _____ Email: _____

Website: _____

Business Physical & Mailing Address: _____

Check if you have Business Facebook Page Business Instagram Page

Usernames: _____

Signature: _____

Date: _____ Check #: _____

Mail check to Throckmorton Chamber of Commerce PO Box 711, Throckmorton, TX 76483. Email: throckmortonchamber@gmail.com with questions.

Annual Membership Plans	Individual	Business
Voting Member	X	X
Listed on Website's Business/Member Directory	x	X
Social Media Promotion (twice annually)		X
Newspaper Advertisement		X
Chamber Member Window Cling		X

Please tell us a little about your business for a new member spotlight.

1. When did you open for business? _____

2. What services do you offer? _____

3. How do you want people to contact you/business hours? _____

4. Mission statement: _____

5. Other information: _____