



700 West Broadway Andrews, TX 79714

432-532-2695

admin@andrewstx.com

www.andrewstx.com

MEMBER INFORMATION

Name of Business: _____

Address: _____

Street

State

Zip

Billing (if Different): _____

Street

State

Zip

Phone: _____ Fax: _____ Mobile: _____

Business E-mail: _____ Website: _____

Contact: _____ Title/Position: _____

Contact E-mail: _____ Contact Phone: _____

How Long in Business: _____ How Long in Business in Andrews: _____ Number of Employees: _____

Specialties/Areas of Expertise: _____

Hours of Operation: _____

RESTAURANTS ONLY – Catering: _____ Available after hours by request: _____ Banquet/Party Room: _____

MEMBERSHIP LEVEL

Platinum Plus
\$1,800

Platinum
\$1,200

Gold
\$600

Silver
\$375

Bronze \$200
Retail/Restaurants /Vendors &
Businesses with 12 or fewer employees

No-Profit
\$100

Family/Individual
\$100

It is understood that membership shall be for a minimum period of one year from the date and shall continue on the above basis until cancelled by notice in writing to the Board of Directors or by death, dissolution or removal of subscriber from the vicinity of Andrews. The below signed makes application for membership in the Andrews Chamber of Commerce and for services agrees to pay annually the sum of:

Payment Amount \$ _____ Annually: _____ Semi-Annually: _____ Quarterly: _____ Monthly: _____
(Bank Draft Only)

Interested in Volunteering: Yes: _____ No: _____ Where: _____

Member Signature _____

Date _____



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MEMBER RATES

PLATINUM PLUS Business:

Annually	\$ 1,800
Semi-Annually	\$ 900
Quarterly	\$ 450
*Monthly	\$ 150

PLATINUM Business:

Annually	\$ 1,200
Semi-Annually	\$ 600
Quarterly	\$ 300
*Monthly	\$ 100

GOLD Business:

Annually	\$ 600
Semi-Annually	\$ 300
Quarterly	\$ 150
*Monthly	\$ 50

SILVER Business:

Annually	\$ 375
Semi-Annually	\$ 188
Quarterly	\$ 94
*Monthly	\$ 25

BRONZE Business

Annually	\$ 200
Semi-Annually	\$ 100
Quarterly	\$ 50
*Monthly	\$ 17

NON-PROFIT

Annually	\$ 100
Semi-Annually	\$ 50
Quarterly	\$ 25

FAMILY/INDIVIDUAL

Annually	\$ 100
Semi-Annually	\$ 50
Quarterly	\$ 25

*Monthly Dues by Automatic Bank Draft Only

AUTHORIZE BANK DRAFT

IF YOU WOULD LIKE TO HAVE YOUR BANK ACCOUNT DRAFTED,
PLEASE FILL OUT THE SECTION BELOW:

AUTHORITY TO BANK

To _____ (Bank's Name)

You are hereby authorized to pay and charge to my account a draft to be drawn _____ by the Andrews Chamber of Commerce in the sum of \$ _____, beginning _____ for payment of my Dues from my account # _____, located at _____

DATE: _____ SIGNATURE: _____

PRINT NAME: _____

Thank you for supporting
YOUR Chamber of Commerce!