



Tonkawa Chamber of Commerce Business Membership Application

Business Name: _____

Type of Business: _____ Number of Employees: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Contact E-mail Address: _____

E-mail addresses for others in the business who should receive communication:

In what areas of our Program of Work are you interested:

Leadership _____ Legislative _____

4th of July _____ Special Projects _____

Ambassador's _____ Beautification _____

Agriculture _____ Tourism _____

Retail _____ Olde Tyme Christmas _____

Education _____ Good Vibrations Car Show _____

Tonkawa Film Festival _____ Economic Development _____

Additional information for website advertising, i.e. history of business and owners, special products or services to be highlighted, etc.:

