



Lamesa Area Chamber of Commerce
Application for Individual Membership

Date Joined: _____

Name: _____

Address: _____

City/State/Zip Code: _____ / _____ / _____

Primary Phone: _____ **Secondary Phone:** _____

Email: _____

Your annual membership dues will be \$ _____ you may set up payments monthly, quarterly, or annually.

Please mark preferred billing:

_____ **Annually (Billed in January)**

_____ **Quarterly (Billed in January, April, July & October)**