



## PARTNERSHIP APPLICATION

**Firm Name** \_\_\_\_\_

**Designated Partner** \_\_\_\_\_ **Position** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_ (not published)

**Home Address** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Web address** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Business Classification** \_\_\_\_\_

(our classifications are the same as the Yellow Pages)

**Number of Permanent full-time Employees** \_\_\_\_\_ **Part time** \_\_\_\_\_

**Applicant Signature** \_\_\_\_\_ **Chamber Representative** \_\_\_\_\_

<p><b>Annual Investment \$</b> _____</p> <p><b>Application Date</b> _____</p> <p><b>SBA#</b> _____</p> <p>(Office Use Only)</p>	<p><b>Paid</b> _____ <b>Tender Type</b> _____</p> <p>1) Cash 2) Check 3) Credit Card</p> <p><b>Credit Card Information</b></p> <p><b>Type</b> _____ <b>Exp</b> _____</p> <p><b>Acct #</b> _____</p>
---	---

- **Please attach a business card**
- **Partnerships are held in the name of the business/firm**
- **All Partnerships shall be continuous unless cancelled (A) in writing by the member, (B) by the Chamber for non-payment of dues after ninety (90) days, or (C) for non-compliance with Chamber policies**
- **Partnership dues investment is non-refundable**
- **Partnership in the Texarkana Chamber of Commerce may be revoked according to the terms set forth in its by-laws**
- **95% of your annual investment is usually deductible as an ordinary and necessary business expense**
- **Thank you for your support and interest. Please keep a copy of the application for your tax records. Make checks payable to Texarkana Chamber of Commerce**

(Check all that apply.)

**Reason you joined:**

<input type="checkbox"/> Networking	<input type="checkbox"/> Credibility	<input type="checkbox"/> Learning Opportunities
<input type="checkbox"/> Government Advocacy	<input type="checkbox"/> Community Involvement	<input type="checkbox"/> Other