

DALLAS REGIONAL CHAMBER®

700 North Pearl Street, Suite 1200 • Dallas, Texas 75201 • 214-746-6600
www.dallaschamber.org

Yes! I want to join Dallas area business leaders to build a better region!

I want to join the Dallas Regional Chamber at the following level:

***Chairman's Circle:**

Chairman \$100,000+
President \$ 75,000
Director \$ 50,000
Manager \$ 25,000
Associate \$ 10,000

***Business Council:**

Large Cap \$ 7,500
Mid Cap \$ 5,000
Small Cap \$ 2,500

***Investor**

\$ 700+\$10/employee

* The above amounts are minimums and additional fees may apply.

93% of your membership investment may be deductible as a business expense. This membership shall renew annually. Investment in the Dallas Regional Chamber may be tax deductible as an ordinary and necessary business expense, but this is not a charitable deduction. The Chamber allocates approximately 7% of total member dues to lobbying activities. The Internal Revenue Service has stated that lobbying expenses are not deductible as ordinary and necessary business expenses. A voluntary 6.5% annual increase approved by the Board of Directors will be included on each year's renewal notice. All new memberships are subject to approval by the Board of Directors.

Company (d/b/a name): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Main Phone: _____ Fax**: _____

___ Please do not list this number in the directory or on the website ** I understand that by providing fax number(s) and email address(es), on Behalf of the organization/company specified above, I am authorized to & hereby consent for the company/organization to receive faxes and emails sent by or on behalf of the Dallas Regional Chamber.

Corporate Website: _____

Top Dallas-area decision maker in your company:

Name: _____

Title: _____

Email**: _____

Your primary company representative for the Chamber:

Name: _____

Title: _____

Email**: _____

Type of Business: _____
(description for membership directory listing)

Is your company: Minority-owned Woman-owned Veteran-owned Certified: _____

Referred by: _____

Visa MasterCard Discover AMEX
Money Order Check#: _____

Account#: _____ \$ _____

Expiration Date: _____

Name on Account: _____ \$ _____

Signature***: _____

Date: _____ \$ _____

*** Your printed name on this line will serve as your signature for the approval on your credit card and membership application.

\$ _____

\$50 enrollment fee applies as a one-time setup charge

Membership Investment

Number of Employees in Region

Other

TOTAL

FOR INTERNAL USE ONLY

Related parent Account Profile ID: _____

Branch Account?: Yes
No