



Farmersville Chamber of Commerce Membership Application

Date of Application:	
Business Name:	
Business Category (see reverse side, choose one):	
Number of Employees:	
Primary Contact:	
Contact Prefix (circle): Mr. Mrs. Ms. Miss Dr. Pastor	
Contact First Name:	
Contact Preferred Name:	
Contact Middle Name or Initial:	
Contact Last Name:	
Contact Suffix (circle): Jr. II III IV	
Physical Address:	Mailing Address (if different):
Physical City:	Mailing City:
Physical State:	Mailing State:
Physical ZIP:	Mailing ZIP:
Business Phone:	
Facsimile:	
Mobile:	
Email:	
Website:	
Reason for joining (circle the best choice or enter other reason): Networking Community Involvement Advertising and Marketing Education Political Advocacy Web Presence Other: _____	
Would you like to be a volunteer during one of our chamber events? Yes No	
Office Use Only	
Membership Type:	

BUSINESS CATEGORIES

Accounting & Tax Services
Agritourism
Air Conditioning Services
Antiques/Gifts
Appliances
Appraiser-Real Estate
Attorneys
Auctioneer
Auto Parts/Repair
Banking
Beauty Salon/Hair
Building Services/Supplies
Business Solutions
Cable Services
Carpet Upholstery Cleaning
Chiropractors
Churches
Computer Services
Concealed Handgun License Instructor
Convenient Store/Gas
Cruise Specialist-Travel Agent
Dance Instruction
Dental
Drafting
Drilling & Drainage
Electricians
Embroidery/Rodeo Equipment
Energy Providers
Engineering/Professionals
Entertainment
Environment Research
Farmersville Main Street Program
Fitness
Funeral Home
Government/City
Grain Dealer
Grocery Stores
Home Builders
Home Health Services
Homeless Shelter/NonProfit Organization
Individual
Insurance
Investment Counselors
Landscaping
Manufacturers
Medical
Newspaper/Media
Nursing Home
Office Supply
Packaging Materials
Pest Control Services
Pharmacies
Plastic Molders
Pool/Spa Services
Real Estate
Restaurants
Software Services
Steel Fabrication
Storage
Tanning Salon
Telephone Directories
VFW Post
Wholesale
Youth Sports