



Ozona Chamber of Commerce & Visitor Center  
• 505 15<sup>th</sup> Street • P.O. Box 1135  
Ozona, TX 76943  
325/392-3737 • 325/392-3485 Fax  
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**CHAMBER OF COMMERCE  
MEMBERSHIP INVESTMENT APPLICATION**

DATE JOINED: \_\_\_\_\_

BUSINESS OR INDIVIDUAL NAME: \_\_\_\_\_

SUMMARY OF WHAT BUSINESS DOES:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CONTACT PERSON/TITLE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_ ALT. #: \_\_\_\_\_

FAX #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Web Site: \_\_\_\_\_

ALTERNATE CONTACT/PHONE # \_\_\_\_\_

Business Membership Investment ( <b>.55 cents a day</b> )	\$200.00 Annually \$100.00 Twice Yearly
Hunting Lease List	\$200.00 Annually
Individual Supporter ( <b>.27 cents a day</b> )	\$100.00 Annually
Associate Member (owner w/more than 1 business)	\$100.00 Annually

PAYMENT:

(Circle One): Cash / Check (payable to Chamber of Commerce)  
Credit Card (see below)

Payment Amount: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

## CREDIT CARD INFORMATION

Cardholder Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_

Card Type          VI\_\_\_\_      MC\_\_\_\_      DS\_\_\_\_

Account Number \_\_\_\_\_ Exp Date \_\_\_\_\_

Validation Code \_\_\_\_\_(3 digits)

Amount Approved \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Cardholder agrees to pay for goods and/or services and agrees to perform the obligations as set forth by the card holders agreement with the Issuer.