



**Saint Jo Chamber of Commerce
2024 Membership Form**

Date: _____

Company or Individual Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____

Cell Phone: _____

Email: _____

Contact Name: _____

Website: _____

Facebook: _____

I am interested in Volunteering with the Chamber _____

Annual dues: \$50.00. Mail application with your check for \$50 to:

Saint Jo Chamber of Commerce
PO Box 130
Saint Jo, TX 76265-0130

Chamber Office Use Only:

Application Received: _____ Payment Deposited: _____

ENTRY DATES: DATABASE: _____ EMAIL LIST: _____ WEBSITE: _____

SOCIAL MEDIA: _____