Fort Worth Metropolitan Black Chamber of Commerce

MEMBERSHIP APPLICATION

You can join and pay by visiting our website, but if you prefer, you may complete this form instead. Your membership strengthens our position as a community voice! Businesses, groups and individuals may join.

Name: ___________________________________________ Title: __________________________________________

Company: ___________________________________________________________________________________________________

Address: ____________________________________________________________________________________________

City: __________________________________ State: __________________________ Zip: __________________________

Phone: __________________________ Fax: ______________________ Email: ___________________________________

Type of Business or Service: _____________________________________________________________________________

ANNUAL MEMBERSHIP INVESTMENT:

Membership Rates
1-10 Employees ..................................$200
11-50 Employees ................................$250
51-100 Employees ............................. $350
101-200 Employees ........................... $550
201-500 Employees ............................$800
501-1,000 Employees ......................$1,550
1,001-2,500 Employees ...................$2,550
Individual .............................................$100
Student ...................................................$50
Community Group ..............................$200
Church ..................................................$250
College ..........................................................$350

Please contact us at the info below if you are interested in a Corporate Partnership.

☐ Check enclosed ☐ Cash ☐ Please charge my credit card
☐ American Express ☐ Visa ☐ MasterCard ☐ Discover

Annual Dues (see above chart): $______________

Card No. ___________________________ Expiration Date: _________ CVV: ___________

Billing Address: _______________________________________________________________________________________

Signature: ___________________________ Date: ______________________

FWMBCC
1150 S. Freeway, Suite 211, Fort Worth, TX 76104
817-871-6538 | info@fwmbcc.org

Apply Online