



**PORT O'CONNOR CHAMBER OF COMMERCE
INDIVIDUAL MEMBERSHIP APPLICATION**
membership@portoconnorchamber.com

- Individual Membership: \$25
- Couple Membership: \$35

Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Email: _____

___ Please include me on news, events, information and updates related to the POC Chamber.

___ I would like to donate \$100 to the Fireworks Display in POC.

___ I would like to donate \$250 to the Fireworks Display in POC.

___ I would like to donate \$500 to the Fireworks Display in POC.

___ I would like to donate \$1,000 to the Fireworks Display in POC.

___ I would like to donate \$_____ to the Fireworks Display in POC.

Please pay online at: www.portoconnorchamber.com or mail a check to:

PORT O'CONNOR CHAMBER OF COMMERCE

PO BOX 701

PORT O'CONNOR, TX 77982