

MEMBERSHIP APPLICATION		
BUSINESS INFORMATION		
Business / Organization Name:		
Phone:	Website:	
Address:		
City:	State:	Zip Code:
PRIMARY CONTACT INFORMATION		
Contact:	Title:	
Email:	Phone:	
BUSINESS DETAILS (PLEASE BE DETAILED FOR THIS WILL BE LISTED ON THE WEBSITE)		
Business Type:		
Business Description:		
MEMBERSHIP STATUS		
<input type="checkbox"/> New Member <input type="checkbox"/> Renewing Member		
PAYMENT INFORMATION		
Membership Levels		Membership Levels
<input type="checkbox"/> Student \$ 25/yr <input type="checkbox"/> Individual/ Single Member \$100/yr (1 Employee)* <input type="checkbox"/> Business Corporation \$400/yr (2+ employees) <input type="checkbox"/> Non-profit or \$100/yr Chamber of Commerce <input type="checkbox"/> Board Member (invited only) \$400/yr	<input type="checkbox"/> International Support Level \$7,000/yr <input type="checkbox"/> Platinum Level \$5,000/yr <input type="checkbox"/> Diamond Level \$3,000/yr <input type="checkbox"/> Gold Level \$1,500/yr	
Credit Card (circle one): AMEXP Visa MasterCard Discover		Check Payable to "WCCT" Mail check to: 435 Murphy Rd, Ste B1-112 Stafford, TX 77477
Credit Card #:	Exp. Date:	CVV #:
Name:		
Billing Address:		
City:	State:	Zip Code:
SIGNATURE		
I authorize the verification of the information provided on this form as to my credit and membership.		
Signature of applicant:		Date:

Office Use Only Application Fee Rec'd W Packet Ribbon Cutting W Email C Contact Newsletter Receipt