



501 Procter Street, Suite 300, Port Arthur, TX 77640
Phone: (409) 963-1107
portarthurchamber@portarthurtexas.com

INVESTMENT AGREEMENT

Dated this _____ day of _____ Year _____. The undersigned makes application for membership in the Greater Port Arthur Chamber of Commerce Young Emerging Leaders for the amount of \$_____ annually.

Membership in The Greater Port Arthur of Commerce-Young Emerging Leaders "YEL" Group

Chamber Member Rate \$25.00 / STUDENT-\$25.00 / NON-member \$100.00 annually

It is understood this membership shall be for a minimum period of **one year from this date** and shall continue the above basis until canceled by notice in writing. Please send your logo to raquel@portarthurtexas.com.

Name _____

Physical Address: _____

Mailing/Billing Address: _____

Cell Phone: () _____

Phone 2: () _____

Email: _____

Website: _____

Facebook: _____

Twitter: _____

LinkedIn: _____

YouTube: _____

Employer: _____

Physical Address: _____

Mailing/Billing address: _____

Phone: _____

Email: _____

CHECK: NO. _____

POSTED: _____

VISA

MASTERCARD

AMERICAN EXPRESS

DISCOVER

Card Number: _____

Exp. Date _____

CVV2 Code _____

Name as it appears on card: _____

Leadership Programs you would like to see offered: _____

Suggestions for the "YEL" Group: _____