



# 2024 Membership Drive

*If an invoice is required, please use the printed form only and return to Lupe Teichelman or scan to lteichelman@wacochamber.com.*

**Business Name \***

**President/Owner/CEO \***

First Name      Last Name

**Email**

**Business Point of Contact Moving Forward \***

First Name      Last Name

**Email \***

example@example.com

**Business Contact Phone Number \***

Please enter a valid phone number. (000) 000-000

**BOD Contact \***

First Name      Last Name