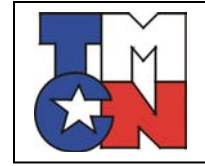




TEXAS MIDWEST CHAMBER COOPERATIVE
Membership Registration



(form must be submitted to participating Chamber of Commerce or Business Association)

Business Name _____

Owner or Manager _____

E-mail Address _____ Phone _____

Mailing Address _____

City _____ Zip _____

Description of Business

Number of full time employees _____

Number of part time employees (less than 30 hours/week) _____

Are you currently offering Employer Group Health Insurance? Yes ___ No ___

Have you ever offered Employer Group Health Insurance? Yes ___ No ___

Please submit this form with the registration fee that **covers a 2 year period** of membership.

- 10 or less employees (min. of 30 hrs./wk) – \$50
- 11 to 30 employees (min. of 30 hrs./wk) – \$100
- More than 30 employees (min. of 30 hrs./wk) – \$150

Payable to:
Texas Midwest Chamber Cooperative

Signature of owner or manager

Date

Texas Midwest Chamber Cooperative is administered by
Texas Midwest Community Network
325-795-TMCN (8626) – tmcn@tmcn.org