



Greater Port Arthur Chamber of Commerce
 501 Procter Street, Suite 300, Port Arthur, TX 77640
 Phone: (409) 963-1107
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INVESTMENT AGREEMENT



Dated this _____ day of _____ Year _____ Date of Birth _____

Membership in The Greater Port Arthur of Commerce-Young Emerging Leaders “YEL” Group (Ages 18-40)

Chamber Member Rate \$25.00 / STUDENT-\$25.00 / NON-member \$75.00 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.

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: _____

Please provide a short professional bio here: _____

Leadership Programs you would like to see offered: _____

Suggestions for the “YEL” Group: _____

***Please attach a professional headshot with your application submission. Thank you for applying to YEL.**