



BASTROP COUNTY HISPANIC

CHAMBER OF COMMERCE

Bastrop County Hispanic Chamber of Commerce Application

Member Info

Company name: _____

Phone Number: _____

Website: _____

Email: _____

Physical Address: _____

Mailing Address (if different): _____

Additional Information

Business Description: _____

Full Time Employees: _____

Part Time Employees: _____

Primary Contact

First Name: _____

Last Name: _____

Title: _____

Phone: _____

Email: _____

Contact Preference: _____

Billing Contact: _____

2025 Membership Package:

Primary Membership: \$50.00

Payment Option (Cash/Check): _____