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Member Information and Agreement

CONTACT INFORMATION

Business Name: _____ Date: _____

Address: _____ Zip Code: _____

Contact Name: _____ Contact Title: _____

Office Phone: _____ Cell Phone: _____ Fax: _____

Alternate Contact: _____ Alternate Title: _____

Alternate Phone: _____ Cell Phone: _____ Fax: _____

Business Hours: _____

Web Address: _____ Email: _____

Facebook Instagram Twitter Pinterest YouTube SnapChat _____

BUSINESS INFORMATION

Business Category: _____ Sub-Category: _____

Products/Services: _____

Brands: _____

Business Start Year: _____ # Employees: F/T _____ P/T _____ Locations: _____

Brief Description of Business: _____

MEMBERSHIP INFORMATION

New Renewal Start Date: _____ Renew Date: _____

Creative Listing \$99 Directory \$199 Business Story \$299 Online Video Spot \$399 Sponsor \$599

Price \$ _____ Per Year Date Paid: _____ Payment Type: _____

Interview Date: _____ Photo Session: _____ Video Date: _____

Authorized Signature

Printed Name

Title

Date

Thank you for joining the Think Local movement!