

**FM-3 Letter Information Request Form  
Chamber of Commerce**

1. Name of Company\_\_\_\_\_
2. Local Address\_\_\_\_\_
3. Corporate Headquarters Address (if applicable) \_\_\_\_\_  
\_\_\_\_\_
4. Number of Years the company has been in business\_\_\_\_\_
5. Applicant's Name (as is on passport)\_\_\_\_\_
6. Applicant's Title \_\_\_\_\_
7. Number of years applicant has been employed w/ company\_\_\_\_\_
8. Applicant's Residence (city and state)\_\_\_\_\_

**NOTE:** A \$50.00 fee will be applicable if company is not a member of the Brownsville Chamber of Commerce.

Please fax this form to the attention of Delia Pena (956) 504-3348 or email information to [delia@brownsvillechamber.com](mailto:delia@brownsvillechamber.com)