

Please tell us about this membership request...

Name of Business or Individual _____

Name of Primary Person Representing this Business _____

Phone _____ Fax _____ Email _____

Street Address _____ City _____ State _____ ZIP _____

Mailing Address _____ City _____ State _____ ZIP _____

Total Number of Employees _____ Website _____

Business Description/Type of Business _____

Would you like to receive periodic updates from us via email? Yes No

Would you like your business' website linked to ours? Yes No

URL: _____

(If business name and contact information is different from the above, please write the correct listing on the back of this form.)

Would you be willing to link Sterlington Chamber's website to yours with a logo? Yes No

Check areas in which you would be interested in participating

Membership Development

Communications/Public Relations/Marketing

Government Relations

Internal Affairs/Administration/Finance

Ground Breakings/Ribbon Cuttings

Meetings/Event Planning

Annual Dues Schedule

\$250.00 - Corporate (businesses with more than 100 employees)

\$100.00 - Business (businesses with fewer than 100 employees)

\$35.00 - Individual

Please invoice me at the above address.

Authorization of Applicant/Business Representative

Signature

Title

Please make your check payable to:	Sterlington Chamber of Commerce, Inc. P.O. Box 519 Sterlington, LA 71280
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Thank you for supporting the Sterlington Chamber of Commerce!