

Chamber Membership Application

Business Name_____
Representative_____Title_____
Address_____
City_____State_____Zip_____
Work Phone (_____)_____Cell (_____)_____
Email_____

Provide additional company representatives information on the back of this form.

Mailing address if different from above_____
Location address if different from above_____
Website_____
Type of business_____Description_____
Business Hours_____
No. of Full-time employees: _____No. of Part-time employees:_____

Payment Method:

☐ Enclosed is my check made payable to Hancock Chamber of Commerce.
☐ Please charge my credit card as follows: ☐ Visa ☐ MasterCard ☐ AMEX

Card #_____Amount $_____
Expiration Date _____ Security Code_____
Name on Card_____
Billing Address_____
City_____State_____**Zip**_____
Signature_____Date_____

Register online: www.hancockchamber.org Email: janice@hancockchamber.org
Phone: 228-467-9048 Mailing Address: 300 South Second Street, Bay St. Louis, MS 39520