2010 Membership Application

□ New Member □ Renewal

Business Name _____
Include dba if applicable

Representative _____ Employees ____ / ____
Please include title *Full-Time* *Part-Time*

Physical Address _____
Street *City* *State* *Zip Code*

Mailing Address _____
(if different) *Street* *City* *State* *Zip Code*

Contact Info ___ - ___ - ___ - ___ - _____
Phone *Fax* *Email*

Web Address _____ Business Established ____
Year

Annual Membership Fees

(2 part-time employees equal 1 full-time)

☐ 1-2 employees, Non-Profit	$100
☐ 3-10 employees	$150
☐ 11-25 employees	$250
☐ 26-50 employees	$500
☐ 51-75 employees	$750
☐ >75 employees	$1000

Payment Method

☐ Check or cash enclosed

☐ Credit card

_____
Card Number

_____ _____
Exp. Date *Auth. Code*

_____
Name as it appears on Card

Primary Business Type

☐ Construction ☐ Health Care Services

☐ Real Estate ☐ Government/Nonprofit

☐ Recreation/Tourism ☐ Restaurant/Food Service

☐ Manufacturing/Industrial Services/Utilities

☐ Consumer Retail Products/Services

☐ Financial/Legal/Insurance Services

☐ Other (*specify*): _____

Business Description

_____

_____

_____

Signature: _____ Date: _____

FOR CHAMBER USE ONLY

Received	*Database*	*Email*	*Constant*	*Confirmed*

St. Bernard Chamber of Commerce
PO Box 1383 Chalmette, LA 70044
email: info@stbernardchamber.org
office: 504-250-6121 fax: 504-278-5767