

Membership Application



Business Name /Year Est.

Representative

Employees Full-Time Part-Time

Physical Address

Mailing Address (if different)

Contact Info

Phone

Fax

Email

Web Address

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

PRIMARY BUSINESS TYPE

- ___ Construction
- ___ Health Care Services
- ___ Real Estate
- ___ Government/Nonprofit
- ___ Recreation/Tourism
- ___ Restaurant/Food Service
- ___ Financial/Legal/Insurance Services
- ___ Consumer Retail Products/Services
- ___ Manufacturing/Industrial Services/Utilities
- ___ Other (specify): _____

PAYMENT METHOD Check or cash enclosed Credit card

Card Number Exp. Date Auth. Code

Name as it appears on Card

Business Description

How did you find out about the Chamber?

Would you like to keep this credit card information on file for future events? Y or N

Signature: _____

Date: _____

FOR CHAMBER USE ONLY

Received Check # Amount

Entered Initial

St. Bernard Chamber of Commerce

100 Port Blvd. Chalmette, LA 70044

email: director@stbernardchamber.org

office: 504-277-4001 | fax: 504-277-4065