

# APPLICATION FOR MEMBERSHIP

D'IBERVILLE-ST. MARTIN AREA CHAMBER OF COMMERCE

To: Chairman  
Membership Committee Chamber of Commerce  
P. O. Box 6054  
D'Iberville, Ms 39540

We make application for membership in the D'Iberville/St. Martin Area Chamber of Commerce. (Check one of the following)

- Individual.....\$50.00
- Small Business(Less than 5 employees).....\$95.00
- Intermediate(5 to 25 employees).....\$175.00
- Large Firm(25 or more employees).....\$275.00

**Method of Payment: Annually**

***Please make check payable to D'Iberville/St. Martin Area Chamber of Commerce***

**Firm:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

\_\_\_\_\_ **Email:** \_\_\_\_\_

**Kind of Business:**

\_\_\_\_\_

**Member(s)**

**Name:** \_\_\_\_\_

I, we, are interested in the following projects or programs to be accomplished for the D'Iberville/St. Martin Area.

1. \_\_\_\_\_

\_\_\_\_\_

**Committees I would like to serve on:**

**Industrial:** \_\_\_\_\_

**Transportation:** \_\_\_\_\_

**Legislation:** \_\_\_\_\_

**Membership:** \_\_\_\_\_

**Education:** \_\_\_\_\_

**Recreation:** \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

\_\_\_\_\_