

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: _____