

Membership Application

*Please return this completed application
with your membership premium to the Chamber.*

BUSINESS NAME _____

CONTACT PERSON _____

PHYSICAL ADDRESS _____

CITY _____

STATE _____ ZIP _____

MAILING ADDRESS _____

CITY _____

STATE _____ ZIP _____

PHONE _____ **FAX** _____

E-MAIL _____

PREFERRED METHOD OF COMMUNICATION MAIL FAX EMAIL

WEB SITE _____

TYPE OF BUSINESS _____

NUMBER OF FULL-TIME EMPLOYEES _____

REASON FOR JOINING _____

ANNUAL INVESTMENT AMOUNT \$ _____ **AMOUNT PAID** \$ _____

METHOD OF PAYMENT CHECK # _____ VISA MASTERCARD

CREDIT CARD # _____

EXPIRATION DATE _____ 3 DIGIT SECURITY CODE _____

SIGNATURE _____ DATE _____

We would appreciate your completion of the following information. This information is maintained separately, and used for statistical purposes only. The information requested is voluntary and confidential; declining to provide information will not prohibit your opportunity for membership nor subject you to any adverse treatment.

COMPANY OWNER'S NAME _____

GENDER _____ DATE OF BIRTH _____

RACE AMERICAN INDIAN OR ALASKA NATIVE BLACK OR AFRICAN AMERICAN

ASIAN WHITE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

TWO OR MORE RACES, NOT HISPANIC OR LATINO

ETHNICITY HISPANIC OR LATINO NOT HISPANIC OR LATINO



River Region Chamber of Commerce
301 W. Airline Hwy., Ste. 201
LaPlace, LA 70068

For Chamber use only.

Sponsor _____

Entered by _____

Date Processed _____