

# ***P**oplarville Area Chamber of Commerce*

P.O. Box 367~Poplarville, MS 39470~601-795-0578

## ***Invitation To Membership***

I accept the Chamber's Challenge to make Poplarville a better place to do business and a better place to live. I commit (\$25 individual, \$50 business) as my annual investment in this important program.

Dues are payable in advance and you will be sent a letter when it's time to renew.

Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Business (\$50)       Individual (\$25)       I would like to serve on a committee

### **Type of Business:**

<input type="checkbox"/> Amusements	<input type="checkbox"/> Apartments	<input type="checkbox"/> Automobiles
<input type="checkbox"/> Bank/ S&L	<input type="checkbox"/> Construction	<input type="checkbox"/> Diversified
<input type="checkbox"/> Finance	<input type="checkbox"/> Gov. Employee	<input type="checkbox"/> Hotel/Motel
<input type="checkbox"/> Insurance	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Non-Profit
<input type="checkbox"/> Printer/Publisher	<input type="checkbox"/> Professional	<input type="checkbox"/> Radio/TV
<input type="checkbox"/> Real Estate	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retailer
<input type="checkbox"/> Retiree	<input type="checkbox"/> Services	<input type="checkbox"/> Transportation
<input type="checkbox"/> Utility	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Other _____

Products or Services You Sell or Produce \_\_\_\_\_  
\_\_\_\_\_

Job Title: \_\_\_\_\_ In Business Since: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Signature: \_\_\_\_\_

Do You Have Any Suggestions About What The Chamber Can Do For Local Businesses? \_\_\_\_\_