

Poplarville Area Chamber of Commerce

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

Web: www.poplarville.org

e-mail: poplarvillechamber@gmail.com

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 my membership dues 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: _____

Web address: _____

Please do not publish my email address.

Dues:

- | | |
|--|--|
| <input type="checkbox"/> Industry (\$125) | <input type="checkbox"/> Business with 1-10 employees (\$75) |
| <input type="checkbox"/> Bank (\$100) | <input type="checkbox"/> Business with 11+ employees (\$100) |
| <input type="checkbox"/> Small Loan Company (\$75) | <input type="checkbox"/> Joint Business (\$40 each additional business.) |

- Out of Town Dues: Small Business with 1-5 employees (\$100)
 Medium Business with 6-10 employees (\$125)
 Large Business with 11+ employees (\$150)

- Civic, Non-Profit, etc. (\$30) Individual (\$30) Family (\$45) Student (\$5)

I would like to serve on a Chamber committee.

- | | | | |
|---------------------------------------|--|--|---|
| <input type="checkbox"/> Amusements | <input type="checkbox"/> Finance | <input type="checkbox"/> Printer/Publisher | <input type="checkbox"/> Retiree |
| <input type="checkbox"/> Apartments | <input type="checkbox"/> Gov. Employee | <input type="checkbox"/> Professional | <input type="checkbox"/> Services |
| <input type="checkbox"/> Automobiles | <input type="checkbox"/> Hotel / Motel | <input type="checkbox"/> Radio/TV2 | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Bank / S&L | <input type="checkbox"/> Insurance | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Utility |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Wholesaler |
| <input type="checkbox"/> Diversified | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Retailer | <input type="checkbox"/> Other |

Type of Business: _____

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?
