



Membership Investment Application/Renewal 2019

*Business/Individual Name: _____ Year Established: _____

Owner's Name: _____ Owner's Email: _____

*Website: _____ Facebook _____ Instagram _____

*Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

*Phone: () _____ *Business Email: _____

*Type of Business: _____

Additional Representatives:

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

***Required**

Membership fees by # of employees:

1-3 Employees	\$100.00	_____	13-25 Employees	\$200.00	_____
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4-7 Employees	\$125.00	_____	26 or More	\$525.00	_____
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8-12 Employees	\$150.00	_____	*Individual	\$ 75.00	_____
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Schools, churches, non-profits \$75.00 _____

_____ Date: _____

Make check payable to:

Amite Chamber of Commerce and mail to: 101 Southeast Central Avenue, Amite, Louisiana 70422

Phone (985) 748-5537 amitecoc@amitechamber.org www.amitechamber.org