



P.O. Box 143
 100 East Leake Street
 Clinton, MS 39056
 Phone: 601-924-5912
 Fax: 601-925-4009
 Web: www.clintonchamber.org

Membership Application and Renewal Form

New Member _____ Member Renewal _____

Referred by: _____

Business Name: _____ # of Employees: _____

Contact Person(s): _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-Mail: _____

Website: _____

Type of Business: _____

Business Category for Directory Listing: _____

***Committee work is an essential and fun part of our chamber.
 If you have a few hours each month to dedicate towards a committee,
 please call the Chamber office at 601-924-5912.***

Membership Investment Dues

_____ \$475 Large Business Membership (over 10 employees)

_____ \$185 Small Business Membership (1-10 employees)

_____ \$100 Organization (non-profit)

_____ \$ 75 Individual (non-business related)

Payment may be made by cash or check. Online payment by credit card may be made at www.clintonchamber.org.

For Office Use:

Payment method _____ Date received _____ Membership Renewal date _____

New Member Packet sent _____ Decal sent _____ Ambassador assigned _____