



## NEW MEMBER APPLICATION

Date Joined: \_\_\_\_\_

Company Name: \_\_\_\_\_

Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Listing Category: \_\_\_\_\_

Website: \_\_\_\_\_

Company Logo: Please email in JPG format \_\_\_\_\_

Social Media: FaceBook InstaGram Other \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Date of Establishment: \_\_\_\_\_

Additional info you would like to share:

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Please return via email: [admin@stmarychamber.com](mailto:admin@stmarychamber.com) or

Mail: St. Mary Chamber of Commerce

P.O. Box 2606

Morgan City, LA 70381