

Business Name:

Check Number:

INDEPENDENCE CHAMBER OF COMMERCE MEMBERSHIP APPLICATION AND RENEWAL FORM

2019 ANNUAL DUES:

INDIVIDUAL: \$50 BUSINESS (1-5 EMPLOYEES): \$75 BUSINESS (6+ EMPLOYEES): \$100

Please complete the form below and return with payment to:

Independence Chamber of Commerce - P.O. Box 178, Independence, LA 70443

Contact (First and Last Name):			
Address:			
City:	State:		Zip:
Phone:		Fax:	
Email:			
Mailing Address (if different from above):			
City:	State:		Zip:
Business' Website:			
Facebook:			
Twitter:		Other:	

OFFICIAL USE ONLY

Date Received: