

We're ready to become a Regional CATALYST for GROWTH and would like to join Partners for Stennis...

Name _____ Title _____

Company _____

Location Address _____

Mailing Address, if different _____

City _____ State _____ Zip _____

Billing address, if different _____

City _____ State _____ Zip _____

Phone _____ Email _____

Fax _____ Web Site _____

Billing representative _____ Email _____

Full-time employees _____ Part-time employees _____

To add company representatives to the mailing list and website, please attach a list and include name, address, phone, fax, and email. One representative for every \$250 in membership dues. Provide description of business products & services (limit 15 words).

How would you categorize your business type _____

List the Chamber(s) you are affiliated with in the Stennis Region (if any).

Signature of person completing form _____ Date _____

Payment Method:

- Enclosed is my check made payable to Partners for Stennis in the amount of \$_____.

Return with payment to:

Partners for Stennis

c/o Hancock Chamber

412 Highway 90, Suite 6 - Bay St. Louis, MS 39520

www.partnersforstennis.org – tish@hancockchamber.org

228-467-9048 / Fax: 228-467-1573