

Membership Application

Company Name _____

Primary Contact Person _____

Title _____

Email _____

Phone _____

Physical Address

Physical City, State, Zip _____

Mailing Address (if different from physical address)

Mailing City, State, Zip _____

Contact Preference Email Phone

Number of full time employees _____ Number of part time employees _____

Brief description of business:

Please complete application and mail to:

Columbus-Lowndes Chamber of Commerce

P.O. Box 1328

Columbus, MS 39703