

NEW ORLEANS CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Required fields are marked with *

BUSINESS INFORMATION

*Company Name:		*Phone:
Website:		Fax:
*Email:		Toll Free:
*Physical Address:		Alternate:
*City:	*State:	*ZIP Code:
Mailing Address (if different):		
City:	State:	ZIP Code:

PRIMARY REPRESENTATIVE (PRESIDENT/CEO/OWNER)

*Name:		*Title:
Address (if different from above):		
City:	State:	Zip:
Email:		Phone:
Cell/Alternate Phone:	Fax:	Direct Phone:

BILLING CONTACT

*Name:		*Title:
*Address (if different from above):		
*City:	*State:	*Zip:
Email:		Phone:
Cell/Alternate Phone:	Fax:	Direct Phone:

ADDITIONAL REPRESENTATIVES

Name:		Title:
Address (if different from above):		
City:	State:	Zip:
*Email:		*Phone:
Cell/Alternate Phone:	Fax:	Direct Phone:

Name:		Title:
Address (if different from above):		
City:	State:	Zip:
Email:		Phone:
Cell/Alternate Phone:	Fax:	Direct Phone:

Referred by: _____

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MEMBERSHIP INVESTMENT

Annual membership dues are based on the number of employees as follows: (Please check one)

- | | | |
|--------------------------|-------|-----------------------------|
| <input type="checkbox"/> | 1-5 | \$180 |
| <input type="checkbox"/> | 6-10 | \$275 |
| <input type="checkbox"/> | 11-25 | \$350 |
| <input type="checkbox"/> | 26-50 | \$425 |
| <input type="checkbox"/> | 51+ | \$10/employee (max \$3,000) |

METHOD OF PAYMENT

<input type="checkbox"/> Cash:	Amount:
<input type="checkbox"/> Credit Card:	Circle: VISA MC AMEX DISCOVER Card Number: _____ Name as it appears on the card: _____ Expiration Date: _____ CCV: _____
<input type="checkbox"/> Check:	Please make checks payable to: New Orleans Chamber of Commerce 1515 Poydras Street, Suite 1010 New Orleans, LA 70112

COMPANY PROFILE

Please identify the appropriate business sector(s) for your firm. Please check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Advertising & Media | <input type="checkbox"/> Legal |
| <input type="checkbox"/> Arts, Culture, & Entertainment | <input type="checkbox"/> Lodging & Travel |
| <input type="checkbox"/> Automotive Services, Marine, Aviation | <input type="checkbox"/> Manufacturing, Production, & Wholesale |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Personal Services & Care |
| <input type="checkbox"/> Community & Civic Organizations | <input type="checkbox"/> Pets & Veterinary |
| <input type="checkbox"/> Computer & Telecommunications | <input type="checkbox"/> Public Utilities & Environment |
| <input type="checkbox"/> Contractors & Construction Equipment | <input type="checkbox"/> Real Estate, Moving, & Storage |
| <input type="checkbox"/> Finance | <input type="checkbox"/> Religious Organizations |
| <input type="checkbox"/> Government, Education, & Individuals | <input type="checkbox"/> Restaurants, Food, & Beverage |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Shopping & Specialty Retail |
| <input type="checkbox"/> Home & Garden | <input type="checkbox"/> Sports & Recreation |
| <input type="checkbox"/> Industrial Supplies & Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Insurance | |

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Please list days and hours of operation:

Sunday:

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Full Time Employees: _____

Part Time Employees: _____

Please use the space below to provide a brief description of your company that may be used in your profile. Do not write beyond the provided space: