

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: _____

NEW ORLEANS CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Required fields are marked with *

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"/> Accountants <input type="checkbox"/> Advertising, Marketing & Public Relations <input type="checkbox"/> Architects & Planning <input type="checkbox"/> Arts & Culture <input type="checkbox"/> Automobiles & Automotive Services <input type="checkbox"/> Banks & Financial Services <input type="checkbox"/> Beauty & Skin Care Services <input type="checkbox"/> Community & Civic Organizations <input type="checkbox"/> Computer & Internet Services <input type="checkbox"/> Construction & Equipment <input type="checkbox"/> Consultants & Individuals <input type="checkbox"/> Contractors <input type="checkbox"/> Destination Management <input type="checkbox"/> Employment Agencies <input type="checkbox"/> Engineering	<input type="checkbox"/> Entertainment <input type="checkbox"/> Environmental/Green <input type="checkbox"/> Event Planning <input type="checkbox"/> Funeral & Cemetery Services <input type="checkbox"/> Government & Education <input type="checkbox"/> Healthcare & Wellness <input type="checkbox"/> Hotels & Lodging <input type="checkbox"/> Industrial Supplies & Services <input type="checkbox"/> Insurance <input type="checkbox"/> Landscaping & Gardening <input type="checkbox"/> Law Enforcement & Security <input type="checkbox"/> Legal Services <input type="checkbox"/> Manufacturing, Production, & Wholesale <input type="checkbox"/> Marine & Aviation	<input type="checkbox"/> Moving & Storage <input type="checkbox"/> Oil & Gas <input type="checkbox"/> Parking & Valet <input type="checkbox"/> Pets & Veterinary <input type="checkbox"/> Photography & Audiovisual Services <input type="checkbox"/> Printing & Publishing <input type="checkbox"/> Public Utilities <input type="checkbox"/> Real Estate & Services <input type="checkbox"/> Religious Organizations <input type="checkbox"/> Restaurants, Food, & Beverage <input type="checkbox"/> Shopping & Specialty Retail <input type="checkbox"/> Sports & Recreation <input type="checkbox"/> Telecommunication Services <input type="checkbox"/> Transportation & Travel Services
---	---	--

NEW ORLEANS CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

*Required fields are marked with **

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: