



Membership Application 2020

Business Name:_____

Contact Name:_____

Physical Address:_____

Mailing Address (if different):_____

City:_____ State:_____ Zip Code:_____

Phone:_____ Email:_____

Website:_____

Social Media:



:_____



:_____

Membership Dues

Please select the fee that applies

☐ \$50 (Individuals/Couples

☐ \$75 (Church/Civic Club)

☐ \$100 (Up to 4 Employees)

☐ \$175 (5-100 Employees)

☐ \$350 (101-200 Employees)

☐ \$500 (201+ Employees)

Payment Information

Amount:_____ Form of Payment:_____

Check Number:_____ Date of Payment:_____

Signature of Business Owner:_____

Return Address is 100 W Church Street Booneville, MS 38829

If you have any questions please call 662-416-9278 or email

lgamble@booneville-ms.gov