



North Baton Rouge Chamber of Commerce

PO BOX 15152, Baton Rouge, LA 70895, www.northbatonrougechamber.org

Membership Application

Company Name:

Contact Person: Mr. Mrs. Ms

Business Title:

Phone: _____ Ext.: _____ Cell: _____ Fax:

_____ Email: _____ Website:

Business Description:

Type of Business (NAICS) _____ For Profit Non Profit

Number of Employees: _____ Full-Time: _____ Part-time: _____

Male: _____ Female: _____



Address:

Street:

_____ Suite: _____

Floor: _____ City: _____ State: _____

Zip Code: _____ + _____

Mailing Address: ___ Same as address above

Street:

_____ Suite: _____ Floor: _____

City: _____ State: _____

Zip Code: _____ + _____

What assistance do you desire from the Chamber?:

What assistance will you contribute to the posterity of the Chamber?:

___ Volunteer Fundraising Events ___ Chair Special Committee ___ Research

___ Host Workshops / Seminars ___ Administrative: ___ Clerical ___ Bookkeeping

Other

(Specify): _____
