



MEMBERSHIP APPLICATION

Name: _____

Company Name: _____

Mailing Address: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Website: _____

Type of Business:

Retail Service Financial Medical Entertainment Art Gallery Restaurant

Other: _____

INDIVIDUAL/ FAMILY MEMBERSHIP

Individual \$35 Family \$75

FAMILY MEMBERSHIP

1-9 EMPLOYEES \$150 10+ EMPLOYEES \$250

Return this Application with check to:
Downtown Hattiesburg
P.O.Box 150
Hattiesburg, MS 30403

To pay by credit card call (601) 606-9921