



indianola

CHAMBER ▲ MAIN STREET

MEMBERSHIP

Basic Information

Member Name:

Contact Name (if business):

Phone Number

Email

Mailing Address:

Please mark in the blank for the type of membership that most closely matches your organization.

- | | |
|---|---|
| <input type="checkbox"/> Distributor \$1,000 | <input type="checkbox"/> Non-Profit \$150 |
| <input type="checkbox"/> Banks/Financial Institutions \$600 | <input type="checkbox"/> Household \$65 |
| <input type="checkbox"/> Farmers \$300 | <input type="checkbox"/> Individual \$30 |
| <input type="checkbox"/> Professional Service \$250 | |
| <input type="checkbox"/> Retail \$200 | |

Are you interested in serving on a project?

YES

NO

Please make your check payable to Indianola Chamber Main Street
and Mail to P.O. Box 151 Indianola, MS 38751.

Thank you for continuing to support our community with your contribution.