



MEMBERSHIP APPLICATION

Business Name: _____

Representative: _____

Title: _____

Address: _____

City/State: _____ Zip: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Mailing Address (if different from above): _____

Website: _____ Type of Business: _____

Description: _____

Business Hours: _____

No. Of Full Time Employees: _____ No. Of Part Time Employees: _____

***Thank you for your application! Once complete, please email to Jessica Bilotta,
Membership Services Manager, at jessica@hancockchamber.org.
Questions? Call 228-467-9048.***