



Panola County
CHAMBER OF COMMERCE
CARTHAGE CONVENTION/VISITORS BUREAU

MEMBERSHIP APPLICATION

Date of Application _____

I hereby subscribe to membership in the Panola County Chamber of Commerce and promise to pay the annual dues in the amount of \$_____
Dues are paid at time of application and yearly thereafter

Name of Business or Individual: _____

Address: _____

Contact Person: _____

Contact Info:

Office # _____ Home # _____ Cell # _____

Email: _____

Voting Member: _____

Signed: _____ Date: _____

PAYMENT METHOD

_____ Cash _____ Check _____ Credit card – Visa, MasterCard, Discover

Credit Card # _____ Expiration Date ____/____ CSC _____

Name on Card _____

Billing Address _____ City _____ State _____ Zip _____

Signature _____ Date: _____

Recruited by: _____ (Ambassador's Name)

Requested Date for Ribbon Cutting: _____

