Covington County Chamber of Commerce

Please PRINT this membership application and MAIL, with payment to: **Covington County Chamber or Commerce** Post Office Box 1595, Collins, Mississippi 39428

Mambarchin Agraement

Membership Agreement	
Company (d/b/a name)	
Top decision maker of your com	pany
Name:	
Title:	
e-mail:	
Your principal Chamber represe	ntative will be
Name:	
Title:	
e-mail:	
Street Address	
Mailing Address (if different from above)	
N 1 CC 11	
Number of full-time area employees	
*part-time employees count as ½ a full-time employee	
Was a Caraca a said	
Year of company origin	
True of Ducinosa (decarintion for	w Marshavelia Divertary listing)
Type of Business (description for Membership Directory listing)	
Number of locations	This location's office type
Number of locations	(Headquarters', branch, etc.)
	(Heauquai ters, Drancii, etc.)
Optional – Certified with (agency):	
Optional – Gertified with (agency	/)·
Main Phone(s):	Email Address:
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Main FAX:	Corporate Website:
PIMILI I I II II	dorporate frebotte.