Pine Bluff Regional
CHAMBER
of Commerce

www.pinebluffchamber.com

Lead Rep
Mr., Mrs., Dr., Ms. _____

Lead Rep. Company Title: _____

Company: _____

Mailing Address: _____

Physical Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email Address: _____

CIRCLE METHOD OF CONTACT PREFER: EMAIL FAX MAIL

Web Site: _____

Average Number of Full-Time Employees: _____

Description of Your Business for Referral Purposes

Complimentary Listing: _____

Additional Listings at $10.00 each: _____

_____

Classification (see classification list): _____

_____

_____

Dues (Based on Schedule)			$ _____
Additional Representatives	_____ @	$100.00 each	$ _____
Additional Listings	_____ @	$10.00 each	$ _____
New Member Processing Fee	$25.00		$ $25.00
TOTAL:			$ _____

DISCLAIMER: If your company or any representative thereof does not wish to receive information via email, fax, and/or mail, please note on this registration form. We reserve the right to exchange information be it by email, fax, mail, and/or publications to members and/or third parties unless otherwise noted on this form.

_____

Signature