



Membership Information

Name of Business _____

Mailing Address _____

Physical Address _____

Business Phone Number _____

Fax Number _____

Website/ Facebook _____

Contact person _____

Contact phone _____

Contact Email _____

Amt. of dues submitted _____

Your Chamber Board would like to keep you informed of Chamber activities.
Is email an effective way to reach you and your business? Yes _____ No _____

Please submit this form along with your dues to Bay Springs Chamber of Commerce
P.O. Box 702
Bay Springs, MS 39422

Any questions, please give us a call @ 601-764-2981

Membership Fees

Retail/Clinics/Medical Offices

Number of Employees	Amount
1-5	\$75.00
6-10	\$150.00
11-20	\$200.00
20+	\$300.00

Industry

Number of Employees	Amount
100 or Less	\$100.00
101-200	\$200.00
201-300	\$300.00
300+	\$500.00

Business

Type	Amount
Bank	\$300.00
Education	\$150.00
Hospital	\$300.00
Utilities	\$300.00
Elected Officials	\$50.00
Individuals	\$50.00
Churches	\$50.00
Civic Organization	\$50.00
Professions	\$75.00
Municipalities	\$300.00



Membership Application

439 Highway 18
P.O. Box 702
Bay Springs, MS 39422
(601)764-2981
lela.bryan@jcjc.edu