



Our mission is to be the leader of and catalyst for strategies and services, which promote economic vitality in the Greater Hammond community.

Membership Investment Application

*Business Name: _____ Referred By: _____

*Type of Business: _____ Date Established: _____

*Website: _____

Facebook: _____ Instagram: _____ Twitter: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

*Mailing Address: _____ City, State, Zip: _____

Physical Address: _____ City, State, Zip: _____

*Phone: () _____ *Business Email: _____

Owner's Name: _____ Owner's Email: _____

Representative Name: _____ Representative Email: _____

**Information will appear in the Online Member Directory*

Membership Levels

Membership levels are based on your number of full-time employees and/or your desired level of commitment to the mission of the Greater Hammond Chamber of Commerce. Please know that up to 2% of your dues may be used to participate in the Northshore Legislative Alliance and are not tax deductible. Always consult your tax advisor for more information.

- _____ \$3,000 Premier Level
- _____ \$900 Corporate Level: 46 + Employees
- _____ \$600 Executive Level: 31-45 Employees
- _____ \$450 Business Level II: 16-30 Employees
- _____ \$300 Business Level I: 1-15 Employees
- _____ \$200 Nonprofit/Government Agency: Civic, Charitable, School, Church, etc.
- _____ \$100 Individual Level: Retired, Not affiliated with a business or organization
- _____ \$25 Additional Membership Feature: Advanced Online Profile
- _____ = **Total Membership Investment**

Prospective members can complete this form online or return it to:

Greater Hammond Chamber of Commerce: 400 NW Railroad Ave. 70401 • P.O. Box 1458, Hammond, La. 70404

Need more information? Call the office at 985.345.4457 or contact:

Melissa Bordelon, President and CEO: melissa.bordelon@hammondchamber.org • 985.237.2157

Julie Perise, Member Relations Director: julie.perise@hammondchamber.org

Check # _____ Credit Card: VISA ___ MasterCard ___ American Express ___

Credit Card#: _____ Expiration Date: _____ Billing Zip Code: _____

Signature: _____ CVV Code: _____