



BAKER CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

Please PRINT your membership information as you would like it to appear in the Membership Directory:

Company Name _____

of employees _____

Primary Representative (Mr./Ms./Dr.) _____

Title _____

Mailing Address _____

City _____ State _____ Zip _____

Street Address, if different than mailing address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Web address _____

Business Description _____

Why did you decide to join the Baker Chamber of Commerce? _____

Referred by _____

As a 501(c)6 organization, membership dues are tax deductible.

Please remit completed form and payment to:

Baker Chamber of Commerce
3439 Groom Road
Baker, LA 70714