



Application Date: _____

We are the leader of and catalyst for strategies and services, which promote economic vitality in the greater Hammond community and throughout Tangipahoa Parish.

2020 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: _____

**List information as it will appear in the Online Chamber 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. Please know that 0% of your membership investment is spent toward lobbying.

- _____ \$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 Organization: Nonprofit 501c(3), Government Office/Agency, Churches, Schools
- _____ \$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:

Online: www.greaterhammondchamber.org/membership-application

Visit us: Greater Hammond Chamber: 400 NW Railroad Ave. 70401

Mail: 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@greaterhammondchamber.org • 985.237.2157

Seth Bleakley, Member Relations Manager: seth.bleakley@greaterhammondchamber.org • 985.345.4457

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

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

Signature: _____ CVV Code: _____