



Area Chamber of Commerce

P O Box 421
 712-B South Main Street
 Petal, MS 39465
 (601) 583-3306 Fax: (601) 583-3312
www.petalchamber.com

Invitation to Invest

Business Name: _____ Contact (1): _____

Contact (2): _____ Contact (3): _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Alternate: _____ Cell: _____

E-mail: _____ Website: _____

of Full Time Employees: _____ (2 Part Time = 1 Full Time)

Business Category: _____ Contact method Fax E-mail Mail

Signature: _____ Date: _____

Annual Investment Schedule

Financial Institution/Hospital/Utilities	\$500
Additional Branch Listing, each	\$50
Apartments, Hotels & Motels Base Rate	\$200
Over 50 units, per unit	\$5
Churches, Clubs, Organizations Non Profit	\$75
Individual Member (no Business Recognition)	\$150
Retired Member	\$50
General Business/Professional/Sales	
Based on number of full time employees	
2 part time = 1 full time	
Base Rate	
1-5	\$150
6-10	\$200
11-20	\$250
21-50	\$300
51 and above per employee	\$5
Cap Fee	\$1,000
Additional Business	\$50
Associate Fee	\$75
Administrative One Time Fee	\$35

Member Invertment \$ _____

Adimistrative Fee \$ _____

Additional Branch \$ _____

Total Investment \$ _____

My check is enclosed, payable to: ()
 Petal Area Chamber of Commerce

Yes. I am interested in Sponsorship ()
 Opprtunities. Send me info

Signature: _____

Your investment may be deductible as on ordinary and necessary business expense

Our Mission Statement

The Petal Area Chamber of Commerce Will Promote and support business, government, and education through economic development and community involvement

Thank you for investing in our community!