



MEMBERSHIP FORM

P.O. BOX 1661 | SHREVEPORT, LA 71165 | OFFICE (318) 751-2465 | FAX (318) 429-2419

Date: _____ Name: _____

BUSINESS INFO:

Name of Business: _____ Position: _____

Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Member of Chamber? Yes No

PREFERRED ADDRESS FOR CORRESPONDENCE:

Name of Business: _____ Position: _____

Address: _____

City: _____ State: _____ ZIP: _____

ENDORSEMENTS:

Member #1 (Name): _____

Member #2 (Name): _____

Email Address: _____

Please State Your Interest in the Military Affairs Council:

Membership Type? Basic (\$300) Premium (\$500)

Signature: _____