



MEMBERSHIP APPLICATION
SABINE PARISH CHAMBER OF COMMERCE
1601 Texas Highway
MANY, LOUISIANA 71449
PHONE – (318) 256-3523
E-MAIL – spchamber@cp-tel.net
WEBSITE – www.sabineparishchamber.com

Company Name: _____

Date of Application: _____

Physical Address: _____
(Street Address)

(City) (State) (Zip Code)

Mailing Address: _____
(P. O. Box)

(City) (State) (Zip Code)

Telephone Number: _____

Fax Number: _____

E-Mail Address: _____

Website Address: _____

Primary Contact: _____

Number of people employed by company: _____

Brief description of company, its products, and services:

Annual Membership Dues \$ _____
Payable to Sabine Parish Chamber of Commerce