



THE ALLIANCE
502 Wick Street, Corinth, MS 38834
662.287.5269 or info@corinthalliance.com

CHAMBER OF COMMERCE MEMBERSHIP FORM

Date _____ Referred by _____

Business Name _____ Public Business Phone _____

Public Business Email _____ Business Phone (alt) _____

Public Business Address _____

Mailing Address (if different) _____

Number of Employees _____ Business Logo? _____ Please email to alliance@corinthalliance.com

Business Website _____ List Publicly?
Y N

***Primary Representative** _____ Y N

Job Title _____ Y N

Email for receiving Alliance news _____ Y N

Phone Number _____ Y N

***Billing Representative** _____ List Publicly?
Y N

Job Title _____ Y N

Email for receiving Alliance news _____ Y N

Phone Number _____ Y N

***Billing Address** _____
(if different)

Additional reps for receiving Alliance news:

Name/Title _____ Email _____ List Publicly?
Y N

Name/Title _____ Email _____ Y N

Name/Title _____ Email _____ Y N

Name/Title _____ Email _____ Y N

(list any additional reps separately with emails)

THANK YOU for supporting your local CHAMBER OF COMMERCE! Checks are payable to THE ALLIANCE
We now have **Venmo**: @corinthalliance (use "business" option). We also accept MC VISA AMEX DISC.



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PUBLIC WEB LISTING INFORMATION for www.corinthalliance.com

(The following information will be listed publicly on The Alliance website)

Would you like a welcome photo posted on social media? Y N Date: _____

Do you have social networks to include with your web listing? List below:

Facebook Address _____

Instagram _____

Twitter _____

Short Business Introduction for Web Listing (*200 characters max) _____

Hours of Operation _____

Keywords for Internet Search _____

Driving Directions (optional) _____

*Would you, or anyone in your organization, like more information about serving as an ambassador for The Alliance? Y N e-mail(s): _____

*Would you, or anyone in your organization, like to be added to the Corinth Professionals email list for newsletters and events? Y N e-mail(s): _____

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Fax: 662.287.5260