

Broussard Chamber Foundation

Membership Application

Membership Name on Website/Social Media _____

Name of Business : (if applicable) _____

Contact Person: _____ Title: _____

Physical Address: _____

Check if you receive mail at your physical address

Mailing Address: _____

City/State/Zip Code: _____

Phone Number: (for office use only) _____ Cell : (for office use only) _____

E-Mail Address: (for office use only) _____

Renewal New Member

Membership Dues: (check one below) **Founding Members at Patron Level or Above**

<input type="checkbox"/> Friend of Valsin \$20,000.00	<input type="checkbox"/> Champion \$10,000.00	<input type="checkbox"/> Civic Leader \$5,000.00
<input type="checkbox"/> Visionary \$2,500.00	<input type="checkbox"/> Patron \$1,000.00	<input type="checkbox"/> Ambassador \$500.00
<input type="checkbox"/> Benefactor \$250.00	<input type="checkbox"/> Supporter \$100.00	<input type="checkbox"/> Other \$ _____

*Please mail this form and check, made payable to: **Broussard Chamber Foundation***

Mission Statement

"To serve as a catalyst for economic and cultural growth, resulting in the creation of a vibrant and prosperous community."

For Office Use Only			
Date Received:	Payment Method:	Check #:	Credit Card Cash
Received by:	Other:		
QuickBooks	Membership Receipt	Website Listing	Founding Member

Website: www.broussardchamberfoundation.org • Email: Foundation@broussardchamber.net

• Phone: (337) 837-6001

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