



NORTH SHREVEPORT BUSINESS ASSOCIATION

2019 MEMBERSHIP APPLICATION

Company: _____
Contact Name: _____
Title: _____
Mailing Address: _____
City, State, Zip: _____
Physical Address: _____
City, State, Zip: _____
Work Number: _____
Fax Number: _____
Cell Number: _____
E-Mail: _____
Referred By: _____

Additional Attendees at Meetings:

(1) Name: _____
Email: _____
(2) Name: _____
Email: _____

By signing below, I consent that the North Shreveport Business Association and their subsidiaries, if any, may contact me at the specified address, telephone numbers, fax numbers, email address or other means of communication available. This consent applies to changes in contact information that may be provided by me to the Association(s) in the future. In order to receive all communications as part of my membership, I am waiving any state and federal laws which may place limits on communications.

Signature: _____

Final approval of membership is subject to
review and approval by the NSBA Board of Directors.

North Shreveport Business Association
1500 North Market Street, Suite B-104
Shreveport, LA 71107 (318) 677-4397