



# NORTH SHREVEPORT BUSINESS ASSOCIATION

## 2024 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:** \_\_\_\_\_