



NORTH SHREVEPORT BUSINESS ASSOCIATION

2024 MEMBERSHIP RENEWAL FORM

Membership Dues: \$50.00

For your convenience you may pay online at: <http://www.shreveportnorth.org/store.html>

Or return this form with payment to:

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

Company: _____

Contact Name: _____

Title: _____

Mailing Address: _____

City, State, Zip: _____

Physical Address: _____

City, State, Zip: _____

Work Number: _____ Fax Number: _____

Cell Number: _____

E-Mail: _____

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: _____

Returned checks will be subject to a \$25.00 service charge.