Broussard Chamber of Commerce
Membership Application

Name of Business: _____

Contact Person: _____ Title: _____

Physical Address: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone Number: _____ Fax Number: _____

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

Web Site: _____

Type of Business: (for listing on the Chamber website) _____

Broussard Chamber of Commerce annual dues: **$75.00**

Please mail this form and check payable to: Broussard Chamber of Commerce
209 East Main Street
Broussard, La. 70518

For more information please contact the secretary, Lisa Davis at: (337) 837-6001

Broussard Chamber of Commerce
Mission Statement

Assist in the development and growth of businesses within the community by promoting networking and community service.

For Office Use Only	
Date Received:	Payment Method: Check #:
Received by:	Other: