

THE ALLIANCE

502 Wick Street, Corinth, MS 38834 662.287.5269 or info@corinthalliance.com

CHAMBER OF COMMERCE MEMBERSHIP FORM

Date R	eterred by	
Business Name	Public Business I	Phone
Public Business Email Business Phone (a		ne (alt)
Public Business Address		
Mailing Address (if different)		
Number of Employees	*Please email business logo to alli	ance@corinthalliance.com
Business Website		List Publicly? Y N
*Primary Representative		Y N
Job Title		Y N
Email for receiving Alliance news		Y N
Cell Phone		Y N
*Billing Representative		List Publicly? Y N
Job Title		Y N
Email for receiving Alliance news		Y N
Phone Number		Y N
*Billing Email for Invoicing (if different)		
Additional reps for receiving Allian	ce news:	List Publicly?
Name/Title	Email	5
Name/Title	Email	Y N
Name/Title	Email	Y N
Name/Title(list any additional reps separately v	email with emails)	Y N



THE ALLIANCE

502 Wick Street, Corinth, MS 38834 662.287.5269 or info@corinthalliance.com

PUBLIC WEB LISTING INFORMATION for www.corinthalliance.com

(The following information *will* be listed publicly on The Alliance website)

Would you like a welcome photo posted publicly? Y N Date:
Do you have social networks to include with your web listing? List below:
Facebook Address
Instagram
Twitter
Short Business Introduction for Web Listing (*200 characters max)
Hours of Operation
Keywords for Internet Search
Driving Directions (optional) *Would you or any women in your organization like more information about The Alliance's women's
*Would you or anyone in your organization like to be added to the Corinth Professionals email list for
newsletters and events? Y N e-mail(s):
*Would you or anyone in your organization like more information about serving as an ambassador for The Alliance? Y N e-mail(s)