

one

vision
voice

Your Information

Name of Business

Job Title

Last Name

First Name

Physical Address

Mailing Address

Contact Email Address

Business Website

Office Phone (xxx) xxx-xxxx

Mobile Phone (xxx) xxx-xxxx

Level of Membership

*(Please contact office for
payment options)*

- | | | |
|--------------------------|--------------------------------|-------------|
| <input type="checkbox"/> | Pillar of the Community | \$10,000.00 |
| <input type="checkbox"/> | Platinum | \$3,000.00 |
| <input type="checkbox"/> | Gold | \$1,500.00 |
| <input type="checkbox"/> | Silver | \$750.00 |
| <input type="checkbox"/> | Government | \$250.00 |

Send Application with Payment to



135 Mississippi Parkway
Canton, MS 39046
Office (601) 832-5592
Fax (601) 407-2835
collins.jan01@gmail.com