

PICAYUNE MAIN STREET
 Post Office Box 1656
 200 Highway 11, South
 Picayune, Mississippi 39466
 601-799-3070 Phone/Fax
info@picayunemainstreet.com

***** MEMBERSHIP APPLICATION *****

Member's Name: _____

Business Name: _____

Mailing Address: _____

City: _____ State: ____ Zip: _____

Business Address: _____

(If different from above)

City: _____ State: ____ Zip: _____

Phone Numbers: Business: (____) _____
(Including area code) Home: (____) _____
 Cell: (____) _____
 Fax: (____) _____

Membership Categories and Annual Dues:

A.	Individual / Family	\$ 25.00
B.	Business	\$ 50.00
C.	Civic Organization	\$ 50.00
D.	Financial Institution / Industry	\$250.00

Please check your area of volunteer interest:

<input type="checkbox"/> Design Committee	<input type="checkbox"/> Museum Committee	<input type="checkbox"/> Advertising
<input type="checkbox"/> Membership	<input type="checkbox"/> Economic Restructure	<input type="checkbox"/> June Summer Blues Out
<input type="checkbox"/> Street Fair	<input type="checkbox"/> Business Events	<input type="checkbox"/> Grant Committee
<input type="checkbox"/> Egg Drop	<input type="checkbox"/> Historical	<input type="checkbox"/> Awards Banquet
<input type="checkbox"/> Christmas in the Park	<input type="checkbox"/> Shop by Candlelight	<input type="checkbox"/> Cancer Survivor's Tea

Applicable Membership Category: _____

Membership Dues enclosed: _____ (Note: All dues are due on or before 12/31 of each year.)

Member Signature: _____ Date: _____

Please complete and mail to: Picayune Main Street, Inc.
 P.O. Box 1656 or 200 Highway 11, South
 Picayune, MS. 39466

----- **PICAYUNE MAIN STREET, INC. USE ONLY BELOW THIS LINE** -----

DATE RECEIVED: _____ RECEIVED BY: _____

APPLICATION TYPE: NEW RENEWAL

TOTAL DUES RECEIVED: \$ _____ (Cash) (Check # _____) (Other _____)

(Revised: 05/09/10)