



200 Hwy 11 South Picayune MS 39466 601-799-3070-phone/fax www.picayunemainstreet.com

Membership Application

Member's Name: _____

Business Name _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Business Address _____

Business Phone _____ **Alternate No.** _____

Email Address _____

Membership Categories and Annual Dues

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

Please check you area of volunteer interest:

- Design Committee** **Tourism/Museum** **Advertising**
- Organization** **Economic Restructuring**
- Street Fair** **Promotion- Events** **Christmas in the Park**
- Historical** **Shop By Candlelight** **Fund Raising**

Applicable Membership Category: _____

Membership Dues Enclosed _____

Members Signature _____

**Please complete form and mail to: Picayune Main Street, Inc.
P. O. Box 1656 Picayune MS 39466**

Date Received _____ **Received by** _____