



NAME: _____

COMPANY: _____

ADDRESS: _____

BUSINESS PHONE: _____

CELL PHONE: _____

EMAIL: _____

WEBSITE: _____

BUSINESS CATEGORY: _____

- Individual \$100
- Sole Proprietor \$100
- Civic, Educational or Religious \$150
- Small Business (2 - 10 employees) \$250
- Medium Business (11 - 75 employees) \$500
- Large Business (75+ employees) \$1000

Number of Employees (Full & Part Time) _____

Method of Payment

Make Checks Payable to McComb EDO

- Cash
- Check
- Other _____

Additional: _____

Total: _____

Signature: _____ Date: _____