

Carroll County Development Association Membership Form

NAME	Date
Business Address*	
Mailing Address	
Physical Address	
E-mail Address	
Telephone	Fax
Beat #	Will you be attending the Annual Meeting?

Check One Section of **Primary** Interest [Article VI, Section 3]

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Community Beautification & Improvement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government |
| <input type="checkbox"/> Industry | <input type="checkbox"/> Recreation <input type="checkbox"/> Tourism |

Check Other Sections as **Secondary** Interest [Article VI, Section 3]

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Community Beautification & Improvement |
| <input type="checkbox"/> Education | <input type="checkbox"/> Government |
| <input type="checkbox"/> Recreation | <input type="checkbox"/> Tourism |

Dues \$25.00 [per person] _____

Donation _____

Website Fee \$25.00 _____ [*Is the information above for the website?]

Total Paid _____

Date Paid _____ Cash _____ or Check # _____

PO Box 561

Carrollton, MS 38917