



AREA DEVELOPMENT PARTNERSHIP  
GREATER HATTIESBURG MS

# ADP MEMBERSHIP APPLICATION

Please return completed application to the ADP

## CONTACT

Company Name: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Dr. \_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Rev. \_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Social Links: @: \_\_\_\_\_ @: \_\_\_\_\_

@: \_\_\_\_\_ @: \_\_\_\_\_

Primary Contact Email: \_\_\_\_\_

Additional Representatives: (Will receive all ADP Communications)

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Email: \_\_\_\_\_

## LISTING

Business Keywords: \_\_\_\_\_

Business Descriptions: \_\_\_\_\_

[www.theADP.com](http://www.theADP.com)

One Convention Center Plaza | Hattiesburg, MS 39401

Phone: 601.296.7500 Fax: 601.296.7505

# INVESTMENT

## How did you hear about us?

Radio       Social Media  
 Billboard     Community  
 TV  
 Print

## Reason for Joining:

Networking  
 Exposure  
 Community Involvement  
 Referrals  
 Business Credibility

## Please Check if Applicable:

Minority-Owned Business  
 Woman-Owned Business  
 Veteran-Owned Business  
 Home Based Business

## Communication Preference:

Email  
 Phone Call  
 Text

## Number of Employees

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Annual Dues: \$ \_\_\_\_\_

Processing Fee: \$25 \_\_\_\_\_

Amount Due: \$ \_\_\_\_\_

It is understood that this membership renews itself annually unless written notice of resignation is received.

## Method of Payment:

Check  
 Cash  
 Mastercard     Visa     Discover     American Express

Card Number: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

Security Code: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Keep my card on file

Opt in for auto-renewal