Mississippi Gulf Coast Chamber of Commerce, Inc.

CONNECT INFORM ADVOCATE DEVELOP

MEMBER SPOTLIGHT

- Published Name of Business:

- Published Physical Address

- Owner(s) Name:
- Supervisor/employee to give credit to (if applicable):
- Inspiration for opening your business:

- Personal Background:

- What does your business do/sell/provide?

- What is unique about your business?

- How do you grow your customer base (e.g., advertising, social media, word-of-mouth, Chamber website referrals, etc.)?

- What is your future goal/growth plan?

- Days & Hours of Operations: