

Please complete and send back  
**Member Update**

This will verify your information for the 2009 Business Directory and Visitors Guide that is coming in February.

Business name: \_\_\_\_\_

Owner or Primary contact: \_\_\_\_\_

Associate name (if applicable): \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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

Business phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Cell Phone # (if applicable)

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

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

Specific type of business (What categories you want to be listed under)

\_\_\_\_\_

Date Joined if not established \_\_\_\_\_

Do you need a Chamber member decal? \_\_\_\_\_

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