



## Member Information Update Form

Please take a moment to update or confirm your contact information and return this form to the Chamber office by email, fax, or mail.

### 1. Company Information

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

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

Street Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Email Address: \_\_\_\_\_

Billing/Mailing Address: \_\_\_\_\_

Business Description (50 words used for print and website listings): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### 2. Contact Information

**Primary Representative** (This contact will be listed in the Membership Directory and will receive all mailings)

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

Email address: \_\_\_\_\_ Direct Phone/Cell: \_\_\_\_\_

**Additional Representatives** (These contacts will receive Chamber mailings and event notices)

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

Email address: \_\_\_\_\_ Direct Phone/Cell: \_\_\_\_\_

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

Email address: \_\_\_\_\_ Direct Phone/Cell: \_\_\_\_\_

## Thank You!