



Company Profile

Please fill out and return this form to the Chamber office. It is important that we have up-to-date and correct information on your organization to effectively serve you.

Company Name _____
 Physical Address _____
 City _____ State _____ Zip _____
 Phone _____ Fax _____

Mailing Address _____
 City _____ State _____ Zip _____
 Billing Address (if different than above) _____
 City _____ State _____ Zip _____

Owner/Operator _____
 Email _____ Phone _____
 Primary Contact (if different than above) _____
 Email _____ Phone _____

No. of Employees: Part-Time _____ Full Time _____
 Year established _____ Hours of operation _____

Please give a brief description of your business and the products and services you offer.

 The following information is for your listing in the Business Directory on the Chamber website, along with your Company Name, Address, and Phone Number.
We will also "like" your Facebook page, if we have not already.

Email _____ Website _____
 Social Media URL _____
 Other Link/Additional URL _____

Please choose up to **3** Categories/Subcategories to be listed under from the enclosed "Business Directory Categories" sheet.

(Subcategories will only be used if there are several listings under the same category for easier filtering - at the Chamber's discretion)

_____ (\$5 per add'l per yr.) _____

Are you interested in including your logo and 150 word description for only \$15.00/year? _____

Please include email addresses of other employees who may like to receive our monthly newsletter, spotlight e-blasts, upcoming events, and any other mailings distributed to the entire membership (This is a great marketing tool!).

Name	Email Address
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Our new Member 2 Member Discount Program gives you and your employees an opportunity to save at your fellow member businesses. To take advantage of the discounts offered, you will need to present your Chamber Member card at the participating merchant. Participation is FREE!

We will send you enough cards for you and your staff. Are interested in participating in our M2M Discount Program? Yes No

Our new RxCut Drug Discount Program allows you and your employees to save BIG on your prescriptions.

We will send you enough cards for you and your staff. Are interested in participating in our Rx Discount Program? Yes No

We invoice yearly dues by anniversary date. To inquire or to change your yearly dues schedule, contact the Chamber office. Please keep in mind, to keep membership current, payment is due upon receipt. Failure to pay within 90 days will result in terminated membership.

(If you are interested in Bi-Annual or Quarterly billing, please contact us.)

****For businesses who pay within 30 days of the invoice date, we will recognize you as a renewing member in the following months newsletter.**

Any additional notes _____

Signed by _____ Date _____