



Chamber Member Information

Formal Business Name:

Mailing Address:

Physical Address:

Postal Code:

Contact Person:

Phone #:

Fax #:

Nature of Business:

Email Address:

Website:

Would you like to be on our emailing list? Yes No

May the Chamber list your business information on our webpage? Yes No

Are you interested in having someone speak with you about the Chambers Group Insurance Plan? Yes No

Is your Contact Person the same as your accounts payable/ receivable? Yes No

If no, please enter their contact information below, including email address:

_____ **Contact Person's Signature**