

# Membership Profile

Information obtained from this application will be used for future business directories.

Company Name: \_\_\_\_\_ Parent Company: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Billing Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
E-Mail : \_\_\_\_\_ Web Address: \_\_\_\_\_  
\*Would you like to be linked to the Chamber Web Page? \_\_\_\_\_  
Other Locations-Sister Companies: \_\_\_\_\_

## OFFICERS OF YOUR COMPANY:

Please list the Officers and/or Partners, Co-Owners, of your company.

1. \_\_\_\_\_ Title: \_\_\_\_\_ Owner: \_\_\_\_\_  
2. \_\_\_\_\_ Title: \_\_\_\_\_ Owner: \_\_\_\_\_  
3. \_\_\_\_\_ Title: \_\_\_\_\_ Owner: \_\_\_\_\_

**Additional Associates:** (Insurance Agents, CPA's, Attorneys, Doctors, Salespersons, Engineers, etc.)  
you would like to recommend for a *Professional Membership*.

1. \_\_\_\_\_ 2. \_\_\_\_\_  
3. \_\_\_\_\_ 4. \_\_\_\_\_  
5. \_\_\_\_\_ 6. \_\_\_\_\_  
7. \_\_\_\_\_ 8. \_\_\_\_\_

## ABOUT YOUR BUSINESS

The more we know about your business, the more we can refer callers and other chamber members to your business.

Date Business was Established: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_  
Number of Employees: Full \_\_\_\_\_ Part time \_\_\_\_\_

Description/Classification of Business: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Selling points and any other information that would help promote your business. (Please describe your business as best as possible)

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Membership Quote: \_\_\_\_\_