



MEMBERSHIP UPDATE FORM

Refer to investment schedule: Membership Category _____ Dues \$ _____

Membership Name _____

Address _____

Phone Number _____ Fax Number _____

Email Addresses: (you may provide more than one e-mail address for some of these categories).

- For clients/customers _____
- For Chamber news/updates* _____
- For billing/financial purposes* _____

*(Please provide contact person's name where appropriate)

Website Address _____

Business Principal Person _____ Title _____

2nd Key Member _____ Title _____

Number of Employees _____ How long have you been in business? _____

Please write a brief description of you/your business or organization. This information will be used in our "New Members" section of the Chamber Newsletter, website and our referral system. If more space is needed, please use additional paper.

Interested in getting involved with the Chamber? In which areas would you like to participate and assist?

___ Special Events Committe

___ Chamber Board of Directors

___ Tourism Committee

___ Chamber Ambassadors

___ Economic Development Committee

I certify that I have the power to provide this information on behalf of the business/person listed above.

Signature _____ Date _____

Send to: MF Chamber of Commerce, 157 S Columbia, Milton-Freewater, OR 97862