



In an effort to keep our records the following information for multiple locations/branches, form for each location.

current, we ask that you provide your company. If you have please complete a separate

**It is important that each Chamber member complete this form.**

(Please Print)

COMPANY NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

PHYSICAL ADDRESS (if different from above) \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

If you have a different billing address, please provide it here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPANY PHONE \_\_\_\_\_ COMPANY FAX \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_ full-time; \_\_\_\_\_ part-time

PRIMARY CONTACT \_\_\_\_\_

TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

SECONDARY CONTACT \_\_\_\_\_

TITLE \_\_\_\_\_

EMAIL \_\_\_\_\_

Your Business Categories for directory listing (up to 3)

(Please refer to our list of Business Categories on our website or contact us for a copy.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all persons who should receive Chamber emails at your company:

<u>FIRST NAME</u>	<u>LAST NAME</u>	<u>EMAIL ADDRESS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please return promptly**

Fax to 417-358-7479 or mail to Carthage Chamber of Commerce, 402 S. Garrison Ave., Carthage, MO 64836