



Chillicothe Area Chamber of Commerce
514 Washington, Chillicothe, MO 64601
660-646-4050, Fax 660-646-3309
WWW.CHILLICOTHEMO.COM

2008 MEMBER UPDATE FORM

Business/Organization Name:

Briefly describe your business services and/or products: Example: Friends—Clothing, Jewelry, Home Décor
(This information will be added to your business listing within the directory on the Chamber website.)

Contact Person:

Physical Address:

Billing Address (if different):

Phone: Fax: Email:
Web Site:

Additional Representative: E-mail address:
Telephone: Fax:

Additional Representative: E-mail address:
Telephone: Fax:

The year your business was established:

Number of Employees (including yourself): Full Time: Part Time:

I would like to be contacted about Chamber Luncheons by: Email Fax (circle one or change font to red on your choice)

I would like to be notified in case of a Merchant Alert by: Email Fax (circle one or change font to red on your choice)
(suspicious or fraudulent activity reported to the Chamber from the Chillicothe Police or Sheriff's Department, or the Liv. County Prosecuting Attorney)

I would like to sign up as a Chamber Ambassador: Yes No (circle one or change font to red on your choice)

Become involved to get the most from your Chamber membership. You will be notified about upcoming events and activities and be given an opportunity to serve as a committee member or volunteer.

I understand that by providing the fax number and/or email address above for the business or organization represented in this application, I am authorized to and hereby consent for our business to receive faxes and/or emails from the Chillicothe Area Chamber of Commerce.

Signature: Date:
NOTE: A typewritten signature is considered a legal signature if you complete this form and email back to us.



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