

MEMBERSHIP UPDATE FORM



Chamber of Commerce BRANTFORD • BRANT

Linking Economic Prosperity with Quality of Life

Effective: _____
mo / day / year

The Chamber of Commerce requests the completion of a Membership Update Form annually from all members, for the purpose of publication in our printed directory as well as our online directory. Completion of this form helps ensure accuracy in all published information relating to your business.

BUSINESS NAME	<input type="text"/>		
OPERATING NAME	<input type="text"/>		
SUBSIDIARY OF	<input type="text"/>		
MAILING ADDRESS	<input type="text"/>		
PHYSICAL ADDRESS (if different from above)	<input type="text"/>		
TEL	<input type="text"/>	Toll free	<input type="text"/>
FAX	<input type="text"/>	COMPANY EMAIL	<input type="text"/>
WEBSITE / URL	<input type="text"/>		
MAIN CONTACT	<input type="text"/>		
POSITION	<input type="text"/>		
TEL	<input type="text"/>	Ext.	<input type="text"/>
email	<input type="text"/>		
Billing Contact	<input type="text"/>	Advertising Contact	<input type="text"/>
email	<input type="text"/>	email	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
email	<input type="text"/>	email	<input type="text"/>
Name	<input type="text"/>	Name	<input type="text"/>
email	<input type="text"/>	email	<input type="text"/>
# Full-time employees	<input type="text"/>	Total # of employees	<input type="text"/>
# Part-time employees	<input type="text"/>	Add # of FT to half the # of PT	<input type="text"/>
Business Category (refer to list)	<input type="text"/>		

Chamber members now have the option of including a **25-word** description as part of your business listing in the Chamber's online directory, at the cost of \$25 plus GST. If you wish to purchase this option, please use the space below to print your 25-word description.

Name of person completing this form: _____

Email: _____ Tel: _____ Ext. _____

ELECTRONIC BILLING OPTION

Beginning this fall, the Chamber will be offering the option of electronic mailing as a cost-effective means of invoicing.

Do you consent to electronic billing instead of postal mailing?

IMPORTANT:
Please complete:

____ **Yes. Email invoices and receipts**
____ **No. Invoice me by post.**

Please Note: The Chamber DOES NOT distribute electronic lists of its membership. In all electronic communications with members, individual email addresses are not made visible to others.

PLEASE FAX COMPLETED FORM TO:
(519) 753-0921

If you need assistance in completing this form, please call us at **(519) 753-2617**