

For Office Use Only
ChamberMaster/Website
Constant Contacts
Quickbooks
Drop / New Member List in excel
Decal

BUSINESS INFORMATION (Published in	<u>Directory and Online)</u>				
Business Name:					
Office Phone:C	ell:	Fax:			
Alternative/Toll Free Phone:	General Email:				
Physical Address:	City	_, State Z	ip		
Established Since:	Are you a Non-Profit? _				
Would your business be classified as: Fa	rm, Ranch, Orchard or Vineya	rd?			
Average Full Time Employees?	me Employees? Average Part Time Employees?				
Website:					
PRIMARY CONTACT INFORMATION					
Primary Contact responsible for maintain	ning your chamber online info	rmation: (Only one U	ser per business)		
Contact Name	Email				
Address (Same as Above)	City	, State	Zip		
BILLING CONTACT INFORMATION					
Contact Name	Email				
Address (Same as Above)	City	, State	Zip		
Phone:Cell:	Fax:				
Additional employee email's that you	would like the weekly QVCC	newsletter sent	t to.		
Business Phone Directory (Business nam	ne and # to be listed): Dues to be pai	d by March 31st to be in	ncluded in the Directory		
Please describe in detail the services or products business, please list the services or products healthcare, hotel, realty, repair, Se Habla Es	s that should be used) i.e Restau				
	Hours of Operati	ion: (days and times)			
Please mail fax or	email this completed membership	profile to OVCC			

Please mail, fax or email this completed membership profile to QVCC.

PO Box 668 Quincy, WA 98848 Ph: 509-787-2140 Fax: 509-787-4500 Toll Free: 844-370-6864