

PLEASE FILL THIS OUT AND RETURN IT WITH YOU MEMBERSHIP.

This is the information which we will use to publish & promote your business!

WE ARE HAPPY TO UPDATE THE INFORMATION AT ANY TIME.

LUVERNE AREA CHAMBER MEMBERSHIP INFORMATION

BUSINESS NAME	
OWNER OR MANAGER	
CONTACT PERSON	
PHONE NUMBER	
MAILING ADDRESS	
CITY/STATE/ZIP	
MAILING ADDRESS	
PHYSICAL ADDRESS	
CONTACT CELL (Chamber use only)	
PUBLISHED EMAIL	
WEBSITE	
SOCIAL MEDIA SITE (Facebook/Twitter/Etc)	

PLEASE LIST ANY ADDITIONAL EMPLOYEES OR MEMBERS OF YOUR ORGANIZATION WHO WOULD LIKE TO RECEIVE CHAMBER EMAIL BLASTS.