

2018 PROFILE UPDATE

IMPORTANT MEMBER INFORMATION



Business Name: _____

Corporate Name: _____

Mailing Address: _____ Phone: ____/____

Street Address: _____ Fax: ____/____

City/State/Zip: _____

E-Mail: _____ Website: _____

Number of Employees: Full Time: _____ Part Time: _____

Please choose a classification from the next page

Business Classification(s) *Primary (choose one): _____
Primary classification will be printed in the Directory.

*Cross-Index: _____
Internet listing only at an additional cost

Designated Member Name: _____

The "Designated Member" is the primary contact person for each member business. He/She receives all mailing, including invoices and invitations, and holds the privilege of voting on Chamber Alliance matters.

Additional Representative(s) (Include Name & Email)

"Additional Representatives" are individuals in your organization that should receive Chamber emails & newsletter.

For Bank & Credit Union Members ONLY:

Amount of Total Deposits in the
Dickinson County Area: \$

Hotels, Motels, Inns, Bed & Breakfasts
Condominiums, Resorts, Campgrounds:
Please include number of units:

What year was your business established? _____

Signature: _____ DATE _____

PLEASE COMPLETE AND RETURN TO:

Dickinson Area Chamber Alliance, 600 S. Stephenson Ave., Iron Mountain, MI 49801
PHONE: 906-774-2002 FAX: 906-774-2004