## **2014 MANCELONA REGIONAL CHAMBER OF COMMERCE**

**Business Profile** 

BUSINESS NAME:				
OWNER/MANAGER/CON	TACT NAME:			
PHYSICAL ADDRESS: This address is published on the	he Chamber website:			
MAILING ADDRESS: This address is not published of	unless it is the same as your physical	address.		
PHONE NUMBERS:				
(Phone 1)	(Phone 2)		(FAX)	
WEBSITE & EMAIL ADDR	ESS:			
Website <sup>.</sup>		Email·		
Please provide your email addr	ess so we may send you the monthly E-l	Newsletter. We no	longer send th	hem by mail.
NATURE OF BUSINESS &	PRODUCTS/SERVICES:			
Business Type: (Specify reta	iil, skilled trade type, , accommodati	on, etc)		
Products You Offer (make of	changes below):			
Troubles For Other (make )				
DUES PAYABLE (January 1 through December 3 Option: To have your business of	1) card on home page of Chamber website,	, please add \$15 and	\$75 1 pay \$90	
IMPORTANT: RETURN THIS	COMPLETED FORM with your dues. Th	is form will be kept in	n our permanen	t membership file.
			FOR C	HAMBER USE ONLY:
	Dues: \$	Biz Card:	\$	Expires
	Check #		Date:	
	DP	CODI	EM	מיס

**RETURN TO:**