



235 Linus Pauling Dr. Ste. B  
 P.O. Box 5283  
 Hercules, CA 94547  
 510.741.7945 office  
 510.741.8965 fax

**Member  
 Information  
 2010**

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

No. of Employees \_\_\_\_\_

**New**  **Renewal**

**PUBLIC CONTACT INFORMATION**

This information will be available on the Business Directory page of our website and should be the contact information you want the public to have (mailing address, main company phone and fax numbers, an information email, etc.)

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Website \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**CHAMBER PRIMARY CONTACT INFORMATION**

This should be information on the person who will be the main contact for Chamber business. The phone, fax, address, and email should be for private contact between your company and the Chamber and will not be given out publicly.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**CHAMBER SECONDARY CONTACT INFORMATION**

This should be information on the person who will be the secondary contact, if any.

Name \_\_\_\_\_ Email \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**BILLING CONTACT AND ADDRESS**

If your annual invoice should be sent to someone other than the Primary Contact listed above.

Name \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**NATURE OF BUSINESS**

This should be information about your business so that you are categorized and referred correctly.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**REMEMBER TO SUBMIT YOUR BUSINESS PROFILE (max 100 words) and 10 KEY WORDS FOR THE WEBSITE DIRECTORY!**

Please see the other side for dues and billing information!

