

NEW MEMBER BIOGRAPHY



M^CMINNVILLE AREA
CHAMBER *of* COMMERCE

BUSINESS _____

ADDRESS _____

KEY MEMBER NAME _____ TITLE _____

PHONE _____ FAX _____

WHO RECRUITED YOU? _____

Please return this form to the Chamber office by the 15th of the month preceding the newsletter in which you wish to be introduced as a New Chamber Member.

DEADLINE TO CHAMBER OFFICE: _____

Explain in detail what you would like the business community to know about your business:
(attach news release, resume, brochure or article if available)

Personal background of owner/manager: _____

Other information about you or your business, e.g. hours, location, specifics about your business:

This material will be on file and will be utilized in your introductory newsletter article.