



Information Sheet

Name of firm _____

Owner (s)/CEO/President _____

Address _____

Business Phone # _____ Email _____

Would you like to receive all Chamber communication electronically? ___yes ___no

If so, please provide the primary e-mail for this use: _____

Additional Phone Numbers for Chamber office use only _____

Additional Email Addresses to receive E-newsletters _____

Business Website _____

Description of business _____

Year organized _____ # of employees _____

Business category _____

Please check if you need any of the following:

Chamber Member window cling _____ Shop Carmi First window cling _____

Membership dues paid _____ You are entitled to _____ voting members

Please list below the names of those you have chosen to represent your organization as voting members. Voting members are eligible for nomination to the Board of Directors each August. Each voting member is responsible for returning one ballot during election.

You must complete the voting member information below to receive ballots.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Please complete and return this form in the envelope provided.