



2008 MEMBER PROFILE

Dues Information

Class: _____

Dues: _____

CONTACT/BUSINESS INFORMATION

Business Name: _____

Contact Name: _____

Manager/Owner: _____

Address (location): _____

Mailing Address: _____ Fax: _____

Business Phone: _____ Other Contact: _____

Email: _____ Website: _____

Business Phone Directory (Business name and # to be listed):

What year did your business start? _____

Number of employees? _____

Please describe in detail the services or products that your business provides:

Hours of Operation: (days and times)

Preference: Monthly Chamber Newsletter **Emailed** or **Mailed** to you? _____

Please mail or fax this **completed** membership profile to the QVCC

PO BOX 668-Quincy, WA 98848- 509-787-4500- qvcc@quincyvalley.org

