



**EXPLOITS REGIONAL CHAMBER OF COMMERCE**

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To all members:

In an effort to better communicate with the membership, we ask that you take a moment to fill out the following information and include it with your membership remittance.

Business Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Please check one of the following:

I would like to receive my information by email

I would like to receive my information by fax

I would like to receive my information by postal service

I prefer not to be contacted