



Membership Update (2007)

Thank you for helping us ensure we have your accurate information for the Chamber Membership Directory and Chamber website!

Business Name: _____

Address: _____

Mailing Address (if different than above): _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **Fax Number:** _____

Email: _____

Website: _____

Number of FTE (Full Time Equivalent) Employees: _____

Business Category (as listed in Yellow Pages) - One category/Business:

Primary Contact: _____ **Title:** _____

Billing Contact (if different): _____

Other Contacts:

Name/Title: _____ **Email:** _____

Name/Title: _____ **Email:** _____

Name/Title: _____ **Email:** _____

Please return to:

*Cecil County Chamber of Commerce
233 E. Main Street
Elkton, MD 21921
Fax: (410) 392-6225*

This form can also be completed/submitted on www.cecilchamber.com