



MEMBERSHIP CONTACT INFO UPDATE FORM

In reviewing the information on the correspondence sent to you by the olds chamber, please indicate any changes to your:

(1) Business name: _____

(2) Designated representative(s) for the Chamber: _____

(3) Mailing address: _____ postal code _____

(4) Phone number (bus): _____ fax number: _____

(5) Email address: *(relevant correspondence)* _____

(6) Website address: *(to Link Your Business Website to the Olds Chamber Website –included)*

(7) Would your organization be interested in Hosting/Sponsoring a Chamber Event?
Check 'yes' for more information. YES _____ NO _____

8) Are you or any of your staff able to volunteer for Olds Chamber events? *i.e. helping out at sharing skills on committees, setting up/taking down tables & chairs at luncheon events, etc. We appreciate your helping keep our volunteers updated as the Chamber cannot function without you! Thank you for providing names below!*

Thank you and please forward your updated information
To the chamber office

EMAIL chamber@oldsnet.ca

BY FAX 403-556-1515