PLACENTIA CHAMBER OF COMMERCE

Member Contact Update Information

Company Name: _____

Full Address: _____ City: _____ Province: _____

Country: _____ Postal Code: _____ Telephone No: _____

Cell Number: _____ Fax: _____ Email: _____

Company Contact Name/Title: _____

Description of Products or Service

___ I agree that information provided on this application may be published on the Placentia Chamber of Commerce Website Business Directory.

___ I agree that I may receive email communication from the Chamber. (You may be removed from the email distribution list by emailing info@placentiachamber.ca

Signature: _____ Date: _____