



*Pickaway County Chamber of Commerce  
Member Application  
Member Update Form*

Business/Firm Name: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

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

Billing Co. Name & Address: \_\_\_\_\_

*(If different than above)*

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

Web Page: \_\_\_\_\_

Would you like to have a link from the Chamber directory?  Yes  No

Are you the Business Owner?  Yes  No

If Not, Who? \_\_\_\_\_

Number of Full-Time Employees Including Yourself \_\_\_\_\_

*(Full-Time=25 hours or more)*

Business Hours: \_\_\_\_\_

Year Established? \_\_\_\_\_

Professional/Service Classification: \_\_\_\_\_

*(see back for list of classifications)*

Additional Persons to receive postal mailings: \_\_\_\_\_

Additional Persons to receive email: \_\_\_\_\_

Reason why you are joining the Chamber of Commerce? \_\_\_\_\_

\_\_\_\_\_

## *List of Professional/Service Classifications:*

Accounting  
Apartments/Rentals/Housing Opportunities  
Architecture  
Automotive/Auto Sales  
Banking/Financial Services  
Beer & Ale Distributors  
Business Services  
Churches  
Commercial/Residential Boiler Distribution  
Construction  
Clubs/Associations  
Computer Sales  
Education/Training  
Engineering  
Farming/Farm Services  
Fitness  
Funeral Services  
Golf/Country Clubs  
Government  
Groceries  
Health Care-Dentistry  
Health Care-Home Health Care  
Heating & Cooling  
Hotels/Resorts/Lodging  
Human Services  
Industry  
Insurance  
Internet Services  
Landscaping  
Legal Services  
Manufacturing  
Medical Equipment  
Non-Profit Organizations  
Personal Services  
Personnel Services  
Professional Services  
Printing  
Publishing  
Real Estate  
Recreation  
Restaurants  
Retail/Commercial  
Telecommunications  
Travel  
Trucking  
Veterinary Services

Don't See Yours? Please add \_\_\_\_\_