



Davenport Chamber of Commerce Member Update & Suggestions Form

To update your membership information, please fill in the “**Business / Organization or Individual Name**” field, the “**Contact Person**” field, and the information that has changed. You do not need to fill in the entire form. If you are making a suggestion, you may include your name and / or information at your option.

Membership Type: (check one) **Business**___ **Organization**___ **Individual** ___

Business / Organization or Individual Name: _____

Contact Person: (and title, if applicable) _____

Member Information:

Business / Organization Physical Address: _____

Mailing Address: _____

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

Phone: _____ **Fax:** _____

E-Mail: _____ **Web Site:** _____

Please Write a Description of the Business / Member Information as you want it to appear on the Chamber Web Site: _____

Please post my information on the Chamber Web Site! (check one) **yes**___ **no**___

I would like to receive updates from the Lincoln County Sherriff’s office: (check one) **yes**___ **no**___

Suggestions: _____

Please Mail Update / Suggestions to: **The Davenport Chamber of Commerce**
P.O. Box 869
Davenport, WA. 99122

Thank you for supporting the Davenport Chamber of Commerce.