

Auburn Chamber of Commerce Application

Please take a moment to fill out this application. It will provide us with contact information to better serve you.

The Chamber's *It's Your Business* Newsletter will be sent out through e-mail only. If you wish to receive it please provide an e-mail address. Hard copies of the newsletter are available at the Chamber office, open Monday through Friday 1-5 p.m.

Business/Organization Name: _____

Type of Business: _____

Products/Services: _____

Year of Origin: _____

Owner/Manager: _____

Contact: _____

Phone Number: _____ Ext. _____

e-mail Address: _____

Company Web site: _____

Cell Phone (optional): _____

Street Address: _____

P.O. Box: _____

Business Hours:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Busiest Times: _____

Busiest Month or Season: _____

Major Events throughout the year: _____

Best Time to Contact: _____

Number of Employees:

Full Time: _____

Part Time: _____ (2 part time employees = 1 full time)