

110 West Main Street | Suite 3 | Marblehead Ohio 43440

Phone: 419-702-7492 | Email: info@themarbleheadpeninsula.com

2024 MEMBERSHIP CONTACT FORM

| Business Name: | | | | |
|------------------------|------------------------|--|--|--|
| Mailing Address: | | | | |
| City: | | State: _ | Zip: | |
| Business Category: | | | | |
| Contact Name for the (| Chamber (w/mer | nbership voting rights |): | |
| Email: | | Phone: | | |
| Billing Contact Name (| if different than voti | ng contact): | | |
| Email: | | | _Phone: | |
| Website: | | Facebook | : | |
| Our attendance at ou | r "Business Op | his short survey with en House" has be thering still conti | een declining, would you like to | |
| | ☐ Monthly | Q uarterly | ■ No Interest | |
| · · | ning with other | • | igned to allow you to network you start your work day? | |
| Are you interested in | | arn" where educa on relevant topic | ational speakers are brought in | |
| | ☐ Monthly | Quarterly | ■ No Interest | |

THANK YOU!