



West Branch Area Chamber of Commerce Membership Updated Information

Help us keep our information updated by filling out this form.

Date: _____

Business/Organization: _____

Business Address: _____

Mailing Address: _____

Business Phone Number: _____

Main Contact Person & Title: _____

Contact Person Direct Phone Line: _____

Contact Person Email: _____

Additional Contacts (receive email, reminders, eblast, etc.)

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Name/Title: _____ Email: _____

Business Website: _____

Do you have a business Facebook? Yes____ No____

Would you like to schedule a video spotlight? Yes____ No____

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