



GREATER IBERIA CHAMBER of COMMERCE

MEMBERSHIP UPDATE

Business/Organization Name: _____ Number of Employees: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Website: _____

Physical Address: _____

City/ State/ Zip: _____

Mailing Address: (If different) _____

City/ State/ Zip: _____

Primary Representative: _____

Phone Number (or cell): _____

E-mail Address: (Chamber use only) _____

Additional Representative: _____

Phone Number (or cell): _____

E-mail Address: (Chamber use only) _____

Business Description: (About 25-30 words and spaces) _____

Business Hours of Operation: _____

Maximum 8 KEY words that customers might use to find you on the web:

1) _____ 5) _____

2) _____ 6) _____

3) _____ 7) _____

4) _____ 8) _____

Simple driving directions to your place of business: _____

Social Media Presence

Business/Organization FACEBOOK: www.facebook.com/ _____

Business/Organization LINKEDIN: www.linkedin.com/company/ _____

Business/Organization TWITTER: www.twitter.com/ _____