

**OP-RF Chamber of Commerce  
2009-2010 COMMUNITY GUIDE QUESTIONNAIRE**

Fields that will be published.\*

<i>ITEMS</i>	<i>DESCRIPTION (Please Print Below)</i>
Business Name*	
Primary Contact*	
Business Address*	
City*	
State*	
Zip Code*	
Phone Number*	
Fax Number*	
E-Mail Address	Do you want it Published? Y___ N___
Website Address*	www.
Select your Business Category from the Chamber Website Member Category List**	
IMPORTANT INFORMATION *  Community Guide's Description of Business (limit of 125 letters).	
Billing Address (If different from above.)	
No. of Full-Time Employees ( )	No. of Part-Time Employees ( )
Date Your Business Opened ( )	
Please send chamber information via: Mail ___ Fax ___ Email ___ Please pick 2 ways of receiving Chamber information.	

Authorized By: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_

Fax to: 708-848-8182 or email: info@oprchamber.org