



LOS OLIVOS CHAMBER OF COMMERCE

Member Update Form

Member Business Name: _____

Retail Wine/Beer Eating Establishment Service Business

Website: _____

Physical Business Address:

_____ City: _____ State: _____ Zip: _____

Billing/Mailing Address:

_____ City: _____ State: _____ Zip: _____

Contact Information:

Owner Name: _____ **Ph #:** _____ **Email:** _____

1st Contact: _____ **Ph #:** _____ **Email:** _____

2nd Contact: _____ **Ph #:** _____ **Email:** _____

Committee Participation:

Please indicate who on your staff is interested in joining the following committees:

- Events (Day in the Country) _____
- Events (Olde Fashioned Christmas) _____
- Marketing/Web/Email _____
- Membership _____
- Town Services _____
- Other _____

Submitted By: _____

Name	Title	Date
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Please return to: PO Box 280, Los Olivos, CA 93441.

For membership inquires please contact:
 Email: membership@losolivosca.com
 Phone: Sandee Sanger (805) 688-9049