

DEMOGRAPHIC SKETCH

The FLUSHING AREA CHAMBER OF COMMERCE receives numerous calls everyday requesting information on products and services available here in our community. We supply the information as best we can, but we need your help to keep our records up-to-date. Please complete the following demographic sketch and return it to the Chamber of Commerce office. This will also help us to better market Flushing as an excellent place to live, work, and do business. Thank you.

Please list business address as you would like it to appear in the Visitor's Guide and other resources.

Business Name: _____

Address: _____

Business Phone: _____ **Fax:** _____

Contact Person (not listed): _____

Email Address (e-newsletter sign-up): _____

Website (if applicable): _____

Committees or other information you're interested in: _____

I want to volunteer for Summer Festival Harvest Festival Candlewalk Other

Yes I would like to participate in the member discount program. Please fill our enclosed form.

Preferred Business Category (choose **ONE** category that best describes your business):

- | | |
|---|---|
| <input type="checkbox"/> Accounting/Legal/Business Services | <input type="checkbox"/> Funeral Homes |
| <input type="checkbox"/> Adult Care | <input type="checkbox"/> Health Care/Rehabilitation/Emergency |
| <input type="checkbox"/> Advertising/Marketing | <input type="checkbox"/> Insurance |
| <input type="checkbox"/> Automotive | <input type="checkbox"/> Landscaping/Lawn Care/Snow Removal |
| <input type="checkbox"/> Churches | <input type="checkbox"/> Lodging/Travel/Transportation |
| <input type="checkbox"/> Charitable Service Organizations | <input type="checkbox"/> Pet Services |
| <input type="checkbox"/> Community Service Organizations | <input type="checkbox"/> Real Estate/Leasing/Apartments |
| <input type="checkbox"/> Construction/Home Improvement | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Engineering/Manufacturing/Other Services | <input type="checkbox"/> Salons/Spas/Cosmetics |
| <input type="checkbox"/> Education/Daycare | <input type="checkbox"/> Sports/Fitness/Recreation/Leisure |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Storage/Rental/Tents |
| <input type="checkbox"/> Food/Dining/Spirits | <input type="checkbox"/> Visitor Information |

Signed by: _____ **Date:** _____

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