

# Tonopah Chamber of Commerce

## Member Survey

Business Name: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How can we better promote our local businesses?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you attend monthly workshops?      Yes                  No

If yes, what topics would you like to see discussed?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Would you attend a monthly breakfast to keep abreast of current Chamber business?

Yes                          No

Do you have any suggestions for fundraising/promotions for Tonopah?

\_\_\_\_\_

Are you willing to assist with Jim Butler Days?                  Yes                  No

Are you willing to serve on any of the fundraising committees?      Yes                  No

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please return this form with your Chamber of Commerce  
Membership Application and annual dues.**