



**BUSINESS INFORMATION FORM**

As a member benefit, your business/organization will be featured in our monthly publication. Please fill out the following form and return to us via mail or fax to 760-630-7658.

Date: \_\_\_\_\_ Owner's Name \_\_\_\_\_ Phone # \_\_\_\_\_

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

Business Address: \_\_\_\_\_

Business Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Days and Hours Your Business is Open: \_\_\_\_\_

Business Phone: \_\_\_\_\_

When did you start/open your business? \_\_\_\_\_

What services does your business provide?

---

---

---

What is unique about your business?

---

---

What are some interesting facts or history we should know about your business, your building, your location, etc?

---

---

---

Please list any additional information you would like us to cover in the article:

---

---