



Updated Information and Member Profiles assist our efforts and services by providing us with the latest data about our members. This allows us to provide the most timely information and industry communications – to the proper contacts – in the most efficient manner.



BUSINESS INFORMATION

COMPANY NAME _____

COMPANY ADDRESS _____

COMPANY CITY _____ STATE _____ ZIP CODE _____

SHIPPING ADDRESS (IF DIFFERENT FROM ABOVE) _____

COMPANY CITY _____ STATE _____ ZIP CODE _____

COMPANY PHONE (MAIN) _____ COMPANY EMAIL (IF APPLICABLE) _____

COMPANY WEBSITE _____



CONTACT INFORMATION

PRIMARY

PRIMARY CONTACT FIRST NAME _____ PRIMARY CONTACT LAST NAME _____

ADDRESS (IF DIFFERENT THAN COMPANY ADDRESS) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

ACCOUNTING

ACCOUNTING CONTACT FIRST NAME _____ ACCOUNTING CONTACT LAST NAME _____

ADDRESS (IF DIFFERENT THAN COMPANY ADDRESS) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

MARKETING

MARKETING/OPERATIONS CONTACT FIRST NAME _____ MARKETING/OPERATIONS CONTACT LAST NAME _____

ADDRESS (IF DIFFERENT THAN COMPANY ADDRESS) _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ EMAIL _____

1. Does your store(s) offer any of the following: (Check all that apply.)

- TOBACCO LIQUOR LOTTERY PHARMACY

2. **STORE LOCATIONS** – Please indicate the number of Stores/Locations of your Business: _____

Please provide individual Store/Location information on the following page.

MEMBERSHIP AUDIT



PLEASE COMPLETE ALL APPROPRIATE FIELDS TO UPDATE YOUR MEMBER PROFILE

FOR MORE THAN 5 STORE LOCATIONS, PLEASE DUPLICATE THIS FORM AND COMPLETE.
YOU MAY ALSO PROVIDE AN EXCEL SPREADSHEET OF STORE/LOCATION DETAILS.



STORE/LOCATION INFORMATION

LIST STORE LOCATIONS AND INFORMATION BELOW

STORE/LOCATION (NAME AND # IF ASSIGNED)

STORE ADDRESS (CITY | STATE | ZIP)

STORE PHONE AND/OR DIRECT LINE

STORE MANAGER NAME

STORE MANAGER EMAIL

ASSISTANT STORE MANAGER NAME

ASSISTANT STORE MANAGER EMAIL

STORE/LOCATION (NAME AND # IF ASSIGNED)

STORE ADDRESS (CITY | STATE | ZIP)

STORE PHONE AND/OR DIRECT LINE

STORE MANAGER NAME

STORE MANAGER EMAIL

ASSISTANT STORE MANAGER NAME

ASSISTANT STORE MANAGER EMAIL

STORE/LOCATION (NAME AND # IF ASSIGNED)

STORE ADDRESS (CITY | STATE | ZIP)

STORE PHONE AND/OR DIRECT LINE

STORE MANAGER NAME

STORE MANAGER EMAIL

ASSISTANT STORE MANAGER NAME

ASSISTANT STORE MANAGER EMAIL

STORE/LOCATION (NAME AND # IF ASSIGNED)

STORE ADDRESS (CITY | STATE | ZIP)

STORE PHONE AND/OR DIRECT LINE

STORE MANAGER NAME

STORE MANAGER EMAIL

ASSISTANT STORE MANAGER NAME

ASSISTANT STORE MANAGER EMAIL

STORE/LOCATION (NAME AND # IF ASSIGNED)

STORE ADDRESS (CITY | STATE | ZIP)

STORE PHONE AND/OR DIRECT LINE

STORE MANAGER NAME

STORE MANAGER EMAIL

ASSISTANT STORE MANAGER NAME

ASSISTANT STORE MANAGER EMAIL