



The Sedona Chamber of Commerce Testimonial Form

Thank you for taking the time to complete this Testimonial Form. Members may benefit greatly from hearing about your experiences. Please complete the information below. Also, please feel free to attach a recent high-quality photograph of yourself or your business logo.

Testimonial Information

First Name:

Last Name:

Address:

City:

State:

Zip:

Business Name :

Telephone Number:

Email:

Please describe any positive feedback you have received from your membership with the Sedona Chamber of Commerce.

What would you say to someone who is considering joining the Sedona Chamber of Commerce?

Please include any additional comments that you have about your experience being a member with the Sedona Chamber of Commerce:

Attach Photo:

Attach Logo:



I hereby grant the Sedona Chamber of Commerce use of my written comments, my name, and my photograph. I hereby affirm that all statements, comments, and other information provided by me to the Sedona Chamber of Commerce are true and reflect actual events. Further, I fully release the Sedona Chamber of Commerce from all liability that could arise from the release granted. I agree that the Sedona Chamber of Commerce has no obligation to publish, use, or advise me as to whether or when they will publish or use my comments, name, or photographs.

Signature: _____
