

**“MEET MADERA”  
NEW RESIDENT RESPONSE CARD – PLEASE PRINT**

*The following private information is for the sole use of the Madera District Chamber of Commerce for demographic use and will not be released to other parties. No solicitors will call you from completing this information. **One Gift Bag per Household***

Date of Closing: \_\_\_\_\_

New Resident Name (required): \_\_\_\_\_

New Resident Address (required): \_\_\_\_\_

Previous City/State (required): \_\_\_\_\_

New Resident Phone (optional): \_\_\_\_\_

New Resident Email Address (optional): \_\_\_\_\_

I would like to receive additional mailings from the Madera District Chamber of Commerce.

Name of referring Realtor or Business Participant (required): \_\_\_\_\_

\_\_\_\_\_

**COMPLETION OF THE FOLLOWING SURVEY BY THE RESIDENT IS OPTIONAL.**

*This information may be shared with the City of Madera, Madera County Economic Development Commission, or other agencies for statistical purposes.*

How many people in your household moved to Madera? \_\_\_\_\_ Adults \_\_\_\_\_ Children

Name of employer(s): \_\_\_\_\_

Name of previous employer(s): \_\_\_\_\_

Why did you move to Madera? \_\_\_\_\_

What community services are most important to you? \_\_\_\_\_

\_\_\_\_\_

What community services have you not discovered since your relocation to Madera? \_\_\_\_\_

\_\_\_\_\_

What community services do you miss most from your former address? \_\_\_\_\_

\_\_\_\_\_

**This form must be returned to our office, prior to distribution of the Gift Bag  
Madera Chamber of Commerce  
120 North E Street, Madera, CA 93639  
FAX (559) 673-5009**