



MEMBERSHIP APPLICATION

201 SW Keeler • Bartlesville, OK 74003
OFFICE: 918-336-8708 • FAX: 918-337-0216

Company Name _____

Street Address _____ PO Box _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Cell Phone _____

E-mail Address _____ Web Address _____

Additional Company Representative E-mail Addresses _____

Primary Contact: Mr. Ms. Dr. Other ____ Title _____

First Name _____ Last Name _____

Billing Representative: Mr. Ms. Dr. Other ____ Title _____

First Name _____ Last Name _____

Corporate Billing Address _____ City _____ State ____ Zip _____

Parent Company Name _____

1. Business Category(s) for Directory (2 free): (Choose from reverse side)

1) _____ 2) _____

2. I was referred by _____

3. Full Time Employees _____ Part Time Employees _____

4. I would like to take advantage of the following Chamber opportunities:

<input type="checkbox"/> Host a Business After Hours	<input type="checkbox"/> Sponsor a Chamber event/forum/program
<input type="checkbox"/> Cater a Chamber meeting/event	<input type="checkbox"/> Offer a Member 2 Member Discount
<input type="checkbox"/> Advertise in Chamber publications/website	<input type="checkbox"/> Donate door prizes for Chamber events
<input type="checkbox"/> Participate in Business and Home Show	<input type="checkbox"/> Participate in Legislative Golf Tournament
<input type="checkbox"/> Participate in Bartlesville Day at the Capitol	<input type="checkbox"/> Free Ribbon Cutting Ceremony
<input type="checkbox"/> Apply for Leadership Bartlesville program	

Annual Investment Fee*: _____ Method of Payment (Circle): Cash Check Credit Card

*Includes one-time \$25 application fee

Please charge amount due to my: Mastercard Visa Discover Expiration Date ____/____

Account # _____ Signature _____

I understand the investment amount is due with this application and subsequent annual investments will be payable on this anniversary. The Chamber may depend on my annual investment until I terminate or modify this agreement in writing. I also understand that my membership is not effective until approved by the Chamber Board of Directors.

Signature: _____ Date: _____

Chamber Use Only Check # _____ Date Received _____ Amount Received \$ _____

CC _____ WL _____ LS _____ RC _____