

Bartlesville Regional Chamber of Commerce PREMIER PARTNER APPLICATION



bartlesville
chamber of commerce
CONNECTED / CREATIVE / VIBRANT

General Information

Company Name _____ Today's Date _____
 Street Address _____
 City _____ State _____ Zip _____
 Full Time Employees _____ Part Time Employees _____
 Mailing Address _____
 Work Phone _____ Fax Number _____
 Facebook/ _____ Twitter/ _____ Instagram _____
 Web Address _____

Person to Receive Communications

Names, Emails & Titles _____

Billing Contact Mr Mrs Dr Other Title _____
 First Name _____ Last Name _____
 Corporate Billing Address _____
 City _____ State _____ Zip _____

Business Categories

Business Category(s) for Directory (2) _____
 FindItInBartlesville Key Words _____
 I Was Referred By _____
 I Would Like to Take Advantage of the Following Opportunities:

- Free Ribbon Cutting
- Meet with Sales Director to Discuss Sponsorship & Advertising Opportunities
- Professional Development/Training
- Meet with Membership Director to Learn More About How to Use My Benefits
- Delta Dental Insurance
- Sponsorship
- Promotion/Advertising
- Enhanced Listing (\$85/yr)

Annual Investment

Annual Investment Fee \$ **\$2,500** _____ Application Fee - \$25 _____
 Method of Payment (Choose One) Cash (Amount) _____ Check (#) _____ **Credit Card
 Total Amount Enclosed \$ _____
 Signature _____

**To pay by credit card, please call 918-336-8708 with card information.

Chamber Use Only

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MailChimp _____ Weblink _____ Letter Sent _____ Ribbon Cutting _____ Find It _____