



MEMBERSHIP APPLICATION

COMPANY NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

FULL TIME EMPLOYEES _____ PART TIME EMPLOYEES _____

MAILING ADDRESS _____

WORK PHONE _____

f FACEBOOK/ _____ **t** TWITTER/ _____ **I** INSTAGRAM _____

WEB ADDRESS _____

PERSON TO RECEIEVE COMMUNICATIONS

NAMES AND EMAILS _____

BILLING CONTACT MR MRS DR OTHER TITLE _____

FIRST NAME _____ LAST NAME _____

CORPORATE BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

A.) BUSINESS CATEGORY(S) FOR DIRECTORY 1. _____ 2. _____

B.) I WAS REFERRED BY _____

- C.) I WOULD LIKE TO TAKE ADVANTAGE OF THE FOLLOWING CHAMBER OPPORTUNITIES
- FREE RIBBON CUTTING
 - MEET WITH MEMBERSHIP DIRECTOR TO LEARN MORE ABOUT HOW TO USE MY BENEFITS
 - MEET WITH SALES DIRECTOR TO DISCUSS SPONSORSHIP & ADVERTISING OPPORTUNITIES

- D.) MY EXPECTATIONS IN CHAMBER MEMBERSHIP ARE:
- DELTA DENTAL INSURANCE
 - COMMUNITY THROUGH INVOLVEMENT PROFESSIONAL DEVELOPMENT/TRAINING
 - PROMOTION/ADVERTISING
 - SPONSORSHIP CORPORATE BRANDING

ANNUAL INVESTMENT FEE \$ _____ APPLICATION FEE \$25 TOTAL AMOUNT ENCLOSED \$ _____

METHOD OF PAYMENT (CIRCLE) CASH CHECK # _____ **CREDIT CARD

SIGNATURE _____

** TO PAY BY CREDIT CARD, PLEASE CALL (918) 336-8708 WITH CARD INFORMATION

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 _____

CHAMBER USE ONLY: MC _____ WL _____ LS _____ RC _____