



MEMBERSHIP APPLICATION FORM

The undersigned hereby makes application for membership in the South Oklahoma City Chamber of Commerce. This membership is payable in advance and shall remain in force unless cancelled in writing. Dues payments may be deductible as an ordinary and necessary business expense. This investment agreement must be signed by an authorized person with the member firm.

COMPANY INFORMATION

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____
 WEB Page: _____

Business Classification:

1. _____
 2. _____
 No. of Employees Full Time: _____ Part Time: _____

BILLING INFORMATION (If different from the company information)

Company Name: _____
 Attention: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 Amount: _____
 Check Money Order Cash
 Visa Master Card Discover AMEX
 CC Number: _____
 Expiration date: _____ V-Code: _____

A \$25.00 Fee will be assessed on all returned checks

Primary Representative

Name: _____
 Title: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

Additional Representative

Name: _____
 Title: _____
 Mailing Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____
 E-mail: _____

I understand that by providing my mailing address, e-mail address, telephone numbers, and fax numbers, I consent to receive communications sent by the South Oklahoma City Chamber of Commerce (or its members) via regular mail, e-mail, telephone, or fax.

Signature: _____
 Print Name: _____
 Company: _____
 Date: _____

For 90-day money back guarantee, the member must attend a minimum of 4 Chamber-sponsored events within a 90-day period. RSVP required for events.

<p>Chamber use only</p> <p>Member Sponsor: _____</p> <p>Salesperson: _____</p>

Mail membership application to:
 South OKC Chamber of Commerce
 701 Southwest 74 Street
 Oklahoma City, OK 73139