BOARD OF ADVISORS APPLICATION

Edmond Area Chamber of Commerce, 825 East Second Street, Suite 100, Edmond OK 73034
Contact: *Sherry Jordan, (405) 216-2007, Fax: (405) 340-5512,sjordan@edmondchamber.com*

Company Information

Company Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Web Site: _____

Representative's Information

Primary Representative Name: _____

Title: _____

Phone (*if different from company number*): _____

E-mail Address: _____

Investment Amount:

Minimum Dues for Board of Advisors* ..... $ 2,000.00

Less Current Dues Investment ..... $ _____

Additional Investment for Board of Advisors ..... $ _____

Please choose one of the following payment options:
☐ Check ☐ American Express ☐ Discover ☐ MasterCard ☐ Visa
Make check payable to Edmond Area Chamber of Commerce

Name on Card _____

Credit Card No. _____ Exp. Date_____

Signature _____

Sold By

Volunteer's Name _____

Team _____ Date _____

Chamber Action

Presented to Board of Directors on: _____

Member Enrolled on: _____

* Minimum investment in the Board of Advisor program is $2,000