

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