



825 East Second Street  
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Edmond, OK 73034

# EDMOND

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www.edmondchamber.com

## AREA CHAMBER OF COMMERCE

### 2013 INVESTMENT APPLICATION

Company Name: \_\_\_\_\_ Parent Company: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Publish? Y/N

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Publish? Y/N

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Company E-mail: \_\_\_\_\_

Company Website: \_\_\_\_\_

Business category listed in directory:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

*(For a complete list of categories see website directory)*

Please indicate which alphabetical letter you would like the company name to be listed under in the directory: \_\_\_\_\_

Number in Local Company - Full time: \_\_\_\_\_ Part time: \_\_\_\_\_ Date Established in Local Area: \_\_\_\_\_

Designated Representative(s):

List in directory: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary contact: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

CEO/President: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Receives Invoices\*: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Billing address if different than mailing: \_\_\_\_\_

Additional Contacts: Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail addresses or fax numbers are never sold. Membership address lists may be sold to other Members and your business address will appear on that list.

## Investment Information

Annual Investment: \$ \_\_\_\_\_ Plus enrollment fee of \$25 = Total amount due \$ \_\_\_\_\_

Payment Method: Visa      Mastercard      American Express      Discover      Check      Cash

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

I understand the investment is due with the application and subsequent annual investments will be payable on this anniversary. The investment is non-transferable and non-refundable and is deductible as a business expense. I understand the Chamber will keep me up-to-date of its activities by mail and email. The Chamber may depend on my annual investment until termination or modification of this agreement in writing.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Company: \_\_\_\_\_

### Membership Investment

Based on number of FTE people in company

1-5	\$360
6-10	\$435
11-30	\$510
31-50	\$615
51-75	\$665
76+	\$825 + \$1per person over 75

\* \$25 enrollment fee

\*Each membership includes one representative listed in the directory. Each additional representative listed is \$185.

### Special Categories

**Financial Institutions:** \$825 base + \$20 per each million in deposits

Add'n Locations: No base – \$20 per each million in deposits/ minimum \$345

**Hotels:** Base of \$510 + \$2 per room

**Condos/Apartments:** 1-50 units– \$360  
Over 50 units–\$360 + \$2 per unit

**Hospitals/In-Patient Surgical Centers:** Base of \$825 + \$2 per bed

**Board of Advisors:** \$2000

I am interested in joining the chamber for the following reasons (please check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Networking Opportunities              | <input type="checkbox"/> Community Support    | <input type="checkbox"/> Business Education & Training                         |
| <input type="checkbox"/> Sponsorship/Promotional Opportunities | <input type="checkbox"/> Economic Development | <input type="checkbox"/> Chamber Choice Insurance (BC/BS)                      |
| <input type="checkbox"/> Volunteer/Committee Involvement       | <input type="checkbox"/> Legislative Issues   | (details at <a href="http://www.edmondchamber.com">www.edmondchamber.com</a> ) |

**Mission: The Edmond Area Chamber of Commerce is the voice for business  
We enhance economic opportunity and quality of life in Edmond**