



825 East Second
Street Suite 100
Edmond, OK
73034

EDMOND

AREA CHAMBER OF COMMERCE

(405) 341-2808
www.edmondchamber.com

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: _____

Facebook: _____ Twitter: _____ Instagram: _____

PRIMARY CATEGORY:

1. _____
(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: _____

MEMBERSHIP INVESTMENT INFORMATION

Please select your membership investment level below:

- Executive Circle: \$5,000
 Board of Advisors: \$2,500
 Marketer: \$1,000
 Connected: \$595
 Essential: \$425
 Additional Representative: \$225
 Additional Location: \$425
 Retiree Rate: \$250

SPECIAL CATEGORIES

- Banks: \$1,500 minimum
(1 location, marketer level)
 Credit Unions: \$1,000 minimum
(1 location, marketer level)
 Non-Profits: \$100 Discount

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: _____ CVV Code: _____

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. Quarterly or semiannual payment plans can be arranged. A current credit card must remain on file with the Edmond Area Chamber of Commerce for auto draft payment. A full year of the annual investment must be fulfilled before terminating membership.

Applicant Signature: _____ Date: _____

Referred By: _____ Company: _____

CONTACT INFORMATION

Primary Contact: _____ Contact Phone: _____

Contact Email: _____ Contact Job Title: _____