



SEMINOLE
CHAMBER
OF COMMERCE

Seminole Chamber of Commerce

326 East Evans – P.O. Box 1190
Seminole, OK 74818
(405) 382-3640 Fax (405) 382-3529
www.seminoleokchamber.org
Email info@seminoleokchamber.org

Membership Application

Business / Individual Name: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

E-mail: _____ Web Address: _____

Primary Contact Person: _____ Title: _____

Primary Committee interest (Golf, Parades, Business Development, etc.): _____

Business Classification (for web and Membership Directory listings): _____

Descriptions of Products or Services (this helps us direct calls for referrals): _____

Did someone refer you to us? _____ If yes, who? _____

Annual Dues (Dues vary based on the number of full-time employees in your company – 2 part-time employees = 1 full-time employee)

# of Employees	Basic	Gold	Platinum	Other Memberships	Basic	Gold	Platinum
1-10	s \$240	s \$300	s \$600	Non-Profit	s \$120	s \$180	s \$240
11-25	s \$300	s \$600	s \$900	Individual	s \$90	s \$120	s \$180
25 +	s \$600	s \$1,200	s \$1,800	Senior Citizen	s \$36	s \$60	s \$120

Basic Membership includes 1 representative to represent your company on committees and on mailing list. **Gold Membership** includes 4 representatives from your company. **Platinum Membership** includes 8 representatives from your company. (Gold and Platinum Members should request an "Additional Representatives" form)

A business owner may not join as an individual and owners of multiple businesses may not have all of their businesses covered under one Membership.

Payment Options

I understand that by providing my mailing address, email address, telephone number, and fax number I consent to receive communications sent by or on behalf of the Chamber of Commerce via regular mail, email, telephone, or fax. I also understand that I am authorizing billing to occur on an annual basis until I notify the Chamber of Commerce in writing that I wish to terminate our association. I am aware that my contribution to the Chamber of Commerce may be tax deductible as a necessary business expense and may not be deducted as a charitable contribution.

Check Check No. _____ (payable to the Seminole Chamber of Commerce)

Credit Card (a 3% service charge will be added to all credit card transactions)

MasterCard

VISA

Name on Card _____

Credit Card Number _____ Expiration Date: _____

For Office Use: Employees _____

Amount of Dues \$ _____

Billing Q S A Q B _____

Web _____

Mailing _____

Email _____

Signature: _____ Date: _____

Additional Representatives

Name: _____ Title: _____

Phone: _____ Ext. _____ Email: _____

Committees **s** Golf Committees **s** Auction Committee **s** Forth of July **s** Membership
 s Parade Planning **s** Special Events **s** Other _____

Volunteering **s** Helping w/ events **s** Helping in the office Days/Hours available _____

Name: _____ Title: _____

Phone: _____ Ext. _____ Email: _____

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