



Membership Application

P.O. Box 1190 Seminole 74818-1190/326 E. Evans

Phone: 405-382-3640 Fax: 405-382-3529

www.seminoleokchamber.org

Chief Executive Officer: Amy Britt

Email: seminolechamber@sbcglobal.net

Email: amybrittchambered@yahoo.com

NOTE: Please fill out the entire form; so we can update our files every year. Thank You!

Business / Individual Name: _____

Physical Address: _____
(City, State, Zip)

Mailing Address: _____
(City, State, Zip)

Check Primary Contact Number:

Work Phone: _____ Fax: _____

Home Phone: _____ Cell: _____

E-mail: _____ Web Address: _____

Representative / Primary Contact Person: _____
(Preferably person to be actively involved in chamber events and decisions)

Title: _____

Owner(s) if Different from Contact Person: _____

Primary Committee Interest: Golf Tournament Chamber Auction Ind. Cele. Banquet Made In Oklahoma Festival

Business Classification: _____
For Membership Directory and Website

Descriptions of Products or Services: _____

Did someone refer you to us? YES / NO If yes, who? _____
(Circle One)

If you have a Business Membership, do you have a current plaque? YES / NO
(Circle One)

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

Annual Dues:

<u>Number of Employees</u>	<u>Business Membership</u>				<u>Other Membership Options</u>		
	<u>Basic</u>	<u>Gold</u>	<u>Platinum</u>		<u>Basic</u>	<u>Gold</u>	<u>Platinum</u>
1-2	<input type="checkbox"/> \$165	<input type="checkbox"/> \$230	<input type="checkbox"/> \$ 550+	Individual (per person)	<input type="checkbox"/> \$100	<input type="checkbox"/> \$130	<input type="checkbox"/> \$200
3-10	<input type="checkbox"/> \$275	<input type="checkbox"/> \$340	<input type="checkbox"/> \$ 660+	Senior Citizen (each)	<input type="checkbox"/> \$40	<input type="checkbox"/> \$65	<input type="checkbox"/> \$130
11-25	<input type="checkbox"/> \$385	<input type="checkbox"/> \$670	<input type="checkbox"/> \$ 990+	(62 years of age or older)			
25 +	<input type="checkbox"/> \$600	<input type="checkbox"/> \$890	<input type="checkbox"/> \$1,200+				

Basic Business Memberships include 1 representative from your company to stand in for your business on committees and to receive all mailings. (additional e-mails may be added for basic communications)

Gold Business Memberships include 4 representatives from your company to stand in for your business on committees and to receive all mailings. (additional e-mails may be added for basic communications)

Platinum Business Memberships include 8 representatives from your company to stand in for your business on committees and to receive all mailings. (additional e-mails may be add for basic communications)

Gold Individual or Gold Senior Citizen Memberships may also represent a couple. Please note if dues are for 1 or 2 people, only one mailing. (additional e-mails may be added for basic communications)

Gold and Platinum Members should be sure to complete the attached "Additional Representatives" form

A business shall NOT be represented if owner joins only as an individual

Owners of multiple businesses may not have all of their businesses covered under one Membership

Payment Options:

I understand that by providing my mailing and e-mail address, telephone and fax number, I consent to receive communications sent by, or on behalf of, the Seminole Chamber of Commerce via regular mail, e-mail, telephone, or fax. I also understand that I am authorizing invoicing to occur, on an annual basis, until I notify the Seminole Chamber of Commerce in writing that I wish to terminate our association. I am aware that my contribution to the Seminole Chamber of Commerce may be tax deductible as a necessary business expense and may not be deducted as a charitable contribution. If I choose to pay with a credit card, I authorize the Seminole Chamber of Commerce to process according to the terms and amounts listed below.

Signature: _____ **Date:** _____

Send Invoice Annually Semi-Annually Quarterly Check No. _____ \$ _____ Cash

(Make checks payable to the Seminole Chamber of Commerce)

Credit Card Master Card VISA DISCOVER \$ _____

Name on Card _____ 3 digit # on back _____

Credit Card Number _____ Expiration Date: _____

For Office Use Only \$ _____ for 2023 dues

Additional Representatives: Please Print Neatly
*(Check as many events as you would like to be **actively** involved in)*

Name: _____ Title: _____

Phone: _____ Ext. _____ Email: _____

Committees Golf Tournament Friends of the Chamber Auction Independence Celebration
 Total Resource Campaign Made In Oklahoma Festival Banquet

Volunteering Helping w/ Directory Helping in the Office **Days/Hours Available** _____
 Newsletter Assembly Ambassador – Attend Ribbon Cutting, Grand Opening, Etc.

Name: _____ Title: _____

Phone: _____ Ext. _____ Email: _____

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