



## 2024 MEMBERSHIP APPLICATION

Please print or type the information below

DATE:

BUSINESS NAME:		
BUSINESS ADDRESS:		
CITY:	STATE: PA	ZIP CODE: _____ - _____
BUSINESS PHONE (to be published):		
CONTACT PERSON:		CELL PHONE:
EMAIL ADDRESS:		
WEBSITE: WWW.		
BUSINESS ADDRESS CAN BE PUBLISHED (circle one):		
YES	NO*	(*Use by Chamber only)

**ANNUAL DUES: Corporate Rate: \$230/yr. Non-Profit Rate: \$115/yr. Individual Rate: \$80/yr.**

LIST BUSINESS OR NONPROFIT CATEGORY OR TYPE – Examples: Attorney, Pet, Photographer
DESCRIBE YOUR BUSINESS/SERVICE IN 30 WORDS OR LESS (for use on Chamber website & other publications)

**PAYMENT OPTIONS:**

1. Check: Make checks payable to: *Oakmont Chamber of Commerce* (Mail to address below)
2. Credit Card: (Subject to 3% service fee)

Credit Card Number \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ CVV (3 digit code) \_\_\_\_\_ Zip Code Associated with card: \_\_\_\_\_

Name on card \_\_\_\_\_

**Oakmont Chamber of Commerce, 504 Allegheny River Blvd. 2<sup>ND</sup> Floor, Oakmont, PA 15139**

**OFFICE USE ONLY:**

Directory, e-Blast, Excel, Folder, Mail Chimp, Mailing List, Newsletter, Quick Books, Sticker, Outside Zip