



825 East Second Street
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EDMOND

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www.edmondchamber.com

AREA CHAMBER OF COMMERCE

2012 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	\$345
6-10	\$420
11-30	\$490
31-50	\$590
51-75	\$640
76+	\$795 + \$1per person over 75

Chamber Choice-BC/BS Investment

\$325 plus \$10 per employee

(details at www.edmondchamber.com)

* \$25 enrollment fee

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

Special Categories

Financial Institutions: \$795 base + \$20 per each million in deposits

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

Hotels: Base of \$490 + \$2 per room

Condos/Apartments: 1-50 units– \$345
Over 50 units–\$345 + \$2 per Unit

Hospitals/In-Patient Surgical Centers: Base of \$795 + \$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 www.edmondchamber.com) |

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