

115 East Gray Street Norman, 0K 73069 Tel. (405) 321-7260 Fax (405) 360-4679

## **TRC 2018**

Volunteer\_

Office Use Only:	Member ID	Password_
Check No.	Packet Sent	CC Assist

## MEMBERSHIP APPLICATION

My company would like to become an investor in the Nor	man Chamber of Comm	erce and list our company as follow	vs:
Company Name			
Mailing Address		Physical Address (if different)	
Street		Street	
City/State/Zip		_ City/State/Zip	
Phone 1 Ph	one 2		Fax
Company Email		Company Website	
Number of Local Employees: Full-Time	Part-Time		
Representative Information		I am interested in joining the Cha	mber for the following reasons:
Main Representative Primary Company Contact		(please check all that apply)  Volunteer Opportunities  Legislative Issues	
Name			
Title		Networking Opportunities	Economic Development
Email		Promotion of my Business	Engagement in Local Issues
Billing Rep. Same as Main Rep. List in Membership Directory		My primary expectation of my Chamber membership is	
Name			
Title			
Email			
Opportunity to include more reps on next page. Main Rep automatic	rally listed in Mem. Directory.		
Investment Information	Annual Membershi	p Dues Rate Sheet:	Hotels/Motels:
Annual Dues \$	Businesses: (full-time equivalent number of local employees) 1-10 employees: \$335 11-25 employees: \$440		\$335 plus \$2 per room  Apartments:  \$335 plus \$1 per unit  Banks, Credit Unions, Savings & Loans:
One-Time Admin. Fee +\$ 25			
Total First-Year Investment \$			
Lunderstand that hy providing my mailing address e-mail	26-50 employees: \$56		\$650 plus \$25 per million in deposits
I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to			Non-Profit Organizations: \$140 Individuals (non-business): \$220
receive communications sent by The Norman Chamber of Commerce or member businesses via regular mail, e-mail, telephone, or fax. 76-100 employees: \$9 > 100 employees: Neg			Real Estate Agents (separate listing): \$220
telephone, or fax.  I do not wish for my information	Additional location: \$2		Retired Individuals: \$100
to be published or shared		owned by current member: \$220	Students: \$50
Member Signature			Date
	Payment I	NFORMATION	
Check Visa Mastercard Am. Ex. Discover Please make checks payable to "Norman Chamber of Commerce"			
Credit Card Number			
Billing Address (if different than mailing)			Zip Code
Name on Card			
Automatic Monthly Bank Withdrawal Routing No	ımber	Account N	lumber
(or provide	a voided check or depo	sit slip)	

Additional Representatives
Name
Mailing Address (if different than Company's)
Email
Primary Company Contact Receives Email List in Membership Directory
Name Title
Mailing Address (if different than Company's)
Email
Primary Company Contact Receives Email List in Membership Directory
Name Title
Mailing Address (if different than Company's)
Email
Primary Company Contact Receives Email List in Membership Directory
Membership Directory Information
Your company should be listed under letter (i.e., The ABC Company is listed under A)
Business Category 1
Business Category 2
Business Category 3
Social Media Information
We can add your Social Media links to your online Membership Directory listing. We may also use your social media pages to tag you in promotional posts made on Chamber social media pages. How can we find you?
Facebook.com/Instagram.com/
Twitter.com/YouTube.com/
Be sure to follow us, too! Facebook.com/NormanChamber Instagram.com/NormanChamber Twitter.com/NormanChamber YouTube.com/NormanChamber

The Norman Chamber of Commerce cultivates, promotes, and supports economic opportunities and community enrichment by providing leadership and services to its members and the community.

Thank you for your support of The Norman Chamber of Commerce and the Norman business community!

