



825 East Second  
Street Suite 100  
Edmond, OK 73034

# EDMOND

AREA CHAMBER OF COMMERCE

(405) 341-2808  
www.edmondchamber.com

## 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: \_\_\_\_\_

Facebook: \_\_\_\_\_ LinkedIn: \_\_\_\_\_ Instagram: \_\_\_\_\_

### PRIMARY CATEGORY:

1. \_\_\_\_\_  
(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: \_\_\_\_\_

### MEMBERSHIP INVESTMENT INFORMATION

Please select your membership investment level below:

- Executive Circle: \$5,000   
  Board of Advisors: \$2,500   
  Marketer: \$1,000   
  Connected: \$595   
  Essential: \$450  
 Additional Representative: \$225   
 Additional Location: \$425   
 Retiree Rate: \$250

### SPECIAL CATEGORIES

- Banks: \$1,500 minimum  
(1 location, marketer level)   
 Credit Unions: \$1,000 minimum  
(1 location, marketer level)   
 Non-Profits: \$100 Discount

### 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: \_\_\_\_\_ CVV Code: \_\_\_\_\_

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. Quarterly or semiannual payment plans can be arranged. A current credit card must remain on file with the Edmond Area Chamber of Commerce for auto draft payment. A full year of the annual investment must be fulfilled before terminating membership.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_ Company: \_\_\_\_\_

### CONTACT INFORMATION

Primary Contact: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Job Title: \_\_\_\_\_