

Oak Harbor Area Chamber of Commerce Membership Application

Business Name/Organization _____

Address _____ City _____ State _____ Zip _____

Website _____ E-Mail _____

Mailing Address (If different from above) _____

Telephone _____ - _____ - _____ Cellular _____ - _____ - _____ Fax _____ - _____ - _____

Business/Organization Primary Contact _____ Title _____

Type of Business _____ Number of Employees _____ Date Established _____

Brief description of your business/organization _____

Please indicate your interest in the following:

- Group Healthcare Discounts Workman's Compensation Plan Discounts Web Links
 Monthly Newsletter Advertising Bulk Mail Discounts Website Advertising Volunteering
 Brochures Displayed at Chamber Chamber Gift Certificate Participation Other

General Chamber policy is to mail our newsletter to the above e-mail address. If you wish the Newsletter to be sent to a postal address please indicate: _____

Chamber Investment Fee Schedule

- Individual** (single person/couple membership, no business)- \$75.00
 - Financial** (banks, other financial institutions)- \$375.00
 - Utilities** (public utilities services)- \$775.00
 - Association** (service clubs/organizations, public agencies, non-profit (C-3))- \$125.00
 - General Business** (retail/professional/industries/all other businesses not categorized above)
 - 1-10 Employees** - \$150.00
 - 11-20 Employees** - \$225.00
 - 21+ Employees** - \$325.00
- 2 part-time employees = 1 full time employee*

Additional Businesses – 1st/40% Discount, 2nd/50% Discount, 3rd/60% Discount

**** Initial Application Fee - \$25.00—First year members only****

Please accept our application for membership with the Oak Harbor Area Chamber of Commerce. I am aware that my investment fees in the Chamber of Commerce are not considered tax deductible as a charitable contribution, however, dues are tax deductible as a business expense.

- Payment Attached
 Please Invoice
 Please bill my Credit Card

Investment Fee	\$ _____
Initial Application Fee	\$ _____
Total Investment	\$ _____

Signature _____ Date _____

Card # _____ Exp Date ____ / ____ Security Number on signature line _____