

MEMBER APPLICATION



Business Name _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

Physical (Street) Address _____

City _____ State _____ Zip Code _____

Telephone _____ FAX _____

E-Mail _____ Web Address _____

_____ Yes, I would like to be active in the Sand Springs Area Chamber of Commerce and assist with some of the annual activities sponsored by the organization.

Annual Dues can be paid one of three ways:

Pay in full

CC # _____ **Exp** _____ **CVV** _____

Corresponding Zip code _____ **or Check**

Chamber of Commerce Investments are Tax-Deductible, only as a Business Expense

Monthly/ACH Bank Draft

Checking account # _____

Routing # _____

Signature: _____ **Date:** _____

Please make checks payable to:

Sand Springs Area Chamber of Commerce
109 N Garfield Ave
Sand Springs Ok 74063
918-245-3221

Thank you for supporting Sand Springs, Oklahoma!

Once the form is completed email to: info@sandspringschamber.org