

MEMBERSHIP APPLICATION

Complete and return with payment to:

Stillwater Chamber of Commerce
409 S. Main, Stillwater, OK 74074

BUSINESS NAME _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ CELL _____

PHYSICAL LOCATION (IF DIFFERENT FROM ABOVE) _____

CITY _____ STATE _____ ZIP _____

BUSINESS WEBSITE (FOR BUSINESS DIRECTORY LISTING) _____

BUSINESS CATEGORY (SAME AS PHONE BOOK LISTING) _____

Primary Representative (listed as main business contact)

NAME/TITLE _____

EMAIL ADDRESS _____

Secondary Representative (will receive Chamber communications)

NAME/TITLE _____

EMAIL ADDRESS _____

Are you on social media ? Yes No

If yes, which platforms?

Twitter @ _____

Facebook facebook.com/ _____

Instagram @ _____

Chamber Membership Fee Table

Your fee is based upon total number of people employed by your business, including the owner/operator.

INDUSTRY	EMPLOYEES*	FEE
Retail, service or manufacturing	1-5 employees	\$275
	6-10 employees	\$293
	11-25 employees	\$380
	26-50 employees	\$525
	51-75 employees	\$671
	76-100	\$815
	101+ employees	\$277 + \$6 per employee
Community Investor		\$125
Affiliation (second business membership)		\$125
Restaurant		\$237 + \$.50 per seat
2nd Restaurant Location (same name)		\$125 + \$.50 per seat
Hotel or Motel		\$237 + \$3 per room
Apartments		\$237 + \$1 per unit
Financial Institution/Bank/Credit Union (base rate \$million in local deposits)		\$227 + \$25 per rate
Junior Partnership (OSU student not associated with a business)		\$50
Non-Profit		25% off of business schedule

***Please note: 2 part-time employees equal 1 full-time employee**

Please add \$100 to my dues amount below for preferred membership

Payment Options

Check enclosed payable to Stillwater Chamber of Commerce

Credit card - VISA, Mastercard, Discover, AMEX (enter info below or call us to process payment)

EMPLOYEE COUNT* _____ ANNUAL DUES AMOUNT (SEE TABLE FOR FEES) _____

ACCT# _____

EXPIRES MM/YY _____ CSV CODE _____ MAILING ZIP CODE _____

SIGNATURE _____

(Continues on reverse side)

STILLWATER
CHAMBER of COMMERCE

AUTHORIZATION AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

Stillwater Chamber of Commerce

Company Name: _____

Company Tax ID: _____

AUTOMATIC ANNUAL RENEWAL VIA CHECKING ACCOUNT

I (we) hereby authorize the Stillwater Chamber of Commerce, to initiate debit entries to my (our) checking account each year indicated below and the depository named below to debit the same such account.

Depository Name: _____

Routing Number: _____

Account Number: _____

NAME(S): _____

DATE: _____ **SIGNED:** _____

(ATTACH VOIDED CHECK HERE)

AUTOMATIC ANNUAL RENEWAL VIA CREDIT CARD

I (we) hereby authorize the Stillwater Chamber of Commerce to initiate a charge to my (our) credit card each year for automatic renewal of dues.

Card Number: _____ Expiration: _____ CVV: _____

Billing Address: _____

City/State/Zip: _____

This authority is to remain in full force and effect until the Stillwater Chamber of Commerce has received written notification from me (or either or us) of its termination in such time and in such manner as to afford the Stillwater Chamber of Commerce a reasonable opportunity to act on it.

NAME(S): _____

DATE: _____ **SIGNED:** _____