Perry CHAMBER OF COMMERCE

Complete this form and return it with payment to:

Perry Chamber of Commerce
327 N. 7th St. P.O. Box 426, Perry OK 73077
p (580) 336-4684 f (580) 336-3522
www.perryokchamber.com

Contact Information

Date:_____

_____
Business/Organization

_____ _____ _____ _____
Mailing Address City State Zip

_____ _____
Phone Fax

_____ _____ _____ _____
Physical Location (if different from mailing address) City State Zip

_____
Cell Phone

_____
Business Website

Please circle one of the following categories for your business/organization:

Agriculture Attractions Automotive Churches Computers Construction Correctional Facility Media
Oil Related Bus. Organizations Dining/Food Beverages Education Financial/Insurance Hardware/Home Services
Personal Care Professional/Business Real Estate/Auctioneers Shopping/Specialty Retail Healthcare Legal
Lodging Manufacturing Travel Utilities

Number of employees at your business/branch/location _____

ANNUAL INVESTMENT

General Business Membership	**$150.00**
Non-Profit or Civic Organization Membership	**$75.00**
Individual Membership	**$50.00**
Premium Business Membership	**$300.00 and +**
Corporate Sponsorship	**$2,000.00 and +**

For information on the benefits of Premium Membership or Corporate Sponsorship, please contact the Chamber office.

Your Annual Membership Investment is deductible as an ordinary and necessary marketing or advertising business expense.

Joining the Perry Chamber of Commerce is a one year commitment. Following an anniversary billing renewable dues will be invoiced the month in which you joined.

PRIMARY REPRESENTATIVE *Listed as main contact in online and print directory listings and will receive all Chamber communications.*

_____
Name/Title

_____
Email address

SECOND REPRESENTATIVE *Will receive Chamber communications.*

_____
Name/Title

_____
Email address

Share with us why you have decided to become a Member:

Who or what type of business is a great referral for you:

The Perry Chamber of Commerce recognizes the importance of personal marketing with fellow business people. Networking through one of our programs is a great way to promote and expand your business, as well as giving you the opportunity to participate in local Chamber events. To volunteer, please circle one of the following interests:

Ambassadors **Perry Business Advocates** **Legislative Affairs**

Payment Options

____ Check payable to Perry Chamber of Commerce for $_____ enclosed

____ Please invoice

_____
Signature

Total Investment **$_____**

You will receive a letter in the mail soon confirming your Membership, along with your Membership decal. Members receive weekly email updates keeping you informed of community and Chamber events.