

Sand Springs Area Chamber of Commerce 2018 Business Membership Application

Business Name _____

Contact Person _____ Title _____

Mailing Address _____

City _____ State _____ Zip Code _____

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. _____ Zip code _____ or check
Chamber of Commerce Investments are Tax-Deductible, only as a Business Expense

Quarterly (Jan, April, July, Oct)

Monthly/ACH Bank Draft

Checking account # _____

Routing # _____

Signature: _____ Date: _____

Please make checks payable to:
Sand Springs Area Chamber of Commerce
1 W. 1st St.
Sand Springs Ok 74063
918-245-3221

Thank you for supporting Sand Springs, Oklahoma!

