

Membership Agreement

COMPANY NAME: _____
Physical Address: _____
P.O. Box _____ **Date Est.** _____
City _____ **State** _____ **Zip** _____
Phone () _____ **FAX ()** _____
web address: www. _____

Main Contact: _____
Title _____
Address: _____
City _____ **State** _____ **Zip** _____
Phone () _____ **FAX ()** _____
email _____
 _____ **Yes! Send me the *Update* electronically.**

Billing Representative: _____
Address _____
City _____ **State** _____ **Zip** _____
Phone () _____ **FAX ()** _____
email _____
 _____ **Yes! Send me the *Update* electronically.**

Additional Representative: _____
Title: _____
Address: _____
City _____ **State** _____ **Zip** _____
Phone () _____ **FAX ()** _____
email _____
 _____ **Yes! Send me the *Update* electronically.**

Signature _____
Date _____
Business Classification(s) _____
For Office use Only:

Date Received: _____ **New Member Packet Sent:** _____

MEMBERSHIP INVESTMENT SCHEDULE

1. Determine your base rate:

All businesses	\$250+employee count
Non-profit organizations (schools, local gov't entities, etc.)	\$140+employee count
Individual (retired, employee/contractor of a member)	\$115
Charitable organizations	\$140

2. Determine investment

Most businesses / Non-profit organizations

add: \$0 for the first 5 employees**
 \$10 per employee for the next 15 employees**
 \$5 per employee for the next 80 employees**
 \$1 per employee for the remaining employees**

**Defined as any person working over 30 hours per week, or two part-time employees.

Financial Institutions: add \$25 per \$1 million in local deposits
Medical facilities/Hospitals: add \$2 per bed
Restaurants/Clubs: add \$5 per employee over 5 employees
Utilities: add .20¢ per customer
Hotels/Motels: add \$2 per room

MEMBERSHIP INVESTMENT:

1. Base Rate \$ _____
 2. Investment + \$ _____
Annual Investment = \$ _____

No. full-time employees _____
No. part-time employees _____

Payments to be paid:
 ___ Annually
 ___ Semi-annually
 ___ Quarterly
 ___ Monthly automatic bank draft
 (Requires Authorization Agreement)

Portion of Annual Investment \$ _____

Administrative Fee + \$25
 One-time only

Total

Check enclosed _____ Please bill me _____

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