

# TAHLEQUAH

AREA CHAMBER OF COMMERCE

## 2017 Membership Enrollment Form

\_\_\_ YES! I want to invest in my business and community by joining today!

Date: \_\_/\_\_/\_\_\_\_\_

Member Name:

\_\_\_\_\_

Contact Name:

\_\_\_\_\_

Physical Address:

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Mailing Address (if different):

\_\_\_\_\_

City/State/Zip:

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

Membership Classification (Circle One):

Business      Non-Profit      Individual Senior

Number of Employees (Full/Part) \_\_\_\_\_

Investment Rate: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Referred By: \_\_\_\_\_

Please complete and return to the  
Tahlequah Area Chamber of Commerce  
123 E. Delaware Tahlequah, OK 74464  
Make checks payable to "Tahlequah Area Chamber of Commerce"