

Name on Card

2023

APPLICATION FOR ANNUAL MEMBERSHIP OAKMONT CHAMBER OF COMMERCE

504 Allegheny River Blvd 2nd Floor Oakmont PA 15139-0384 Office: 412.828-3238

Email: info@oakmont-pa.com Website: www.oakmont-pa.com

DATE Please print the information below and make your check payable to the Oakmont Chamber of Commerce **COMPANY NAME** OWNER/INDIVIDUAL **CONTACT PERSON MAILING ADDRESS** CITY STATE PA ZIP CODE DAY PHONE **NUMBER OF EMPLOYEES CELL PHONE FAX NUMBER EMAIL ADDRESS** WEBSITE www. **ANNUAL DUES:** Business Rate: \$225.00 per year Non-Profit Rate: \$110.00 per year Please verify that your contact information on the Chamber website www.oakmont-pa.com is still valid and correct. If so, no further information is required. If you wish to correct, update or change your information, please complete the section below. **BUSINESS OR NONPROFIT ORGANIZATION CATEGORY OR TYPE** Use a descriptor similar to the headers, listings in the Yellow Pages. Describe your business or service in 30 words or less. This description will be used on the Chamber website and other publications. TO PAY BY CREDIT CARD: FOR OFFICE USE ONLY Quickbooks ☐ Sticker Credit Card Number_____ Website ☐ Folder ☐ Email ☐ Directory Exp. _____ CVV _____ Zip code associate with card _____ Excel