

Fairview Chamber of Commerce
624 N. Main PO Box 180 Fairview, Oklahoma 73737
580-227-2527 Email fairviewchamber@io2online.com www.fairviewokchamber.com

Membership Application

Date _____

Name of Firm _____

Type of Business _____

Business Address (both physical and mailing) _____

Billing Address (if different from above) _____

Phone _____ Fax _____

Email address _____ Web site _____

Note: Your email address is vital to us because we send most of our information in this manner.

**Would you like to have your web site linked to the Chamber's web site? Yes(____) No (____)

Contact Person _____

Membership Investment _\$_____per month
(indicate by dollar amount of monthly level of investment from flyer)

If selecting an investment at the Gold or Platinum level would you like a plaque? Yes(____) No(____)

Dues Billing Cycle (please circle one) monthly quarterly annually

Draft Authorization

Would you like to set up a draft of your account for dues? Yes (____) No (____).

Name of Bank _____ Acct. _____

Signature of person completing and/or approving this form _____