



CHAMBER MEMBERSHIP APPLICATION

Member Name (Business	or Individual):			
			City, State, Zip	
			City, State, Zip	
Phone: Fax:			E-mail:	
Website:		 		
Number of employees:	Full-time:		Part-time:	
Type of Business or Organ	ization:			
Name up to 3 key product	s or services you pr	ovide: _		
Date Business Established	:	(month	n/year)	
IS YOUR BUSINESS HOME-BASED?		Yes	No	
IS THIS A FAMILY-OWNED BUSINESS?		Yes	No	
Company contacts: (Will r	eceive all Chamber	emails an	nd mail).	
Name	Title		Individual E-mail	
			Individual E-Mail	
Authorized signature:			Date:	
Yearly Membership Fee:	\$25 for Individual of	_	ofit joining on or after July 1 st .	

Mail application and payment to: Inola Area Chamber of Commerce, P. O. Box 1207, Inola, OK 74036 or deliver by hand to Lisa Dobias at BancFirst – Inola, 1 N Broadway Ave, Inola, OK.

The Inola Area Chamber of Commerce is a nonprofit corporation that is funded primarily through its membership dues and donations. Our overall objective is economic development and helping businesses prosper.