

P.O. Box 1207, Inola, OK 74036 (918) 543-2900 <u>JamesShaffer@outlook.com</u> www.InolaAreaChamber.com

CHAMBER MEMBERSHIP APPLICATION

Member Name (Business or Individu	ıal):	
Mailing Address:		City, State, Zip
Physical Address:		City, State, Zip
Phone: Fax:		E-mail:
Website:		
Number of employees:	·ull-time:	Part-time:
Type of Business or Organization: _		
Name up to 3 key products or service	es you provide:	
Date Business Established:	(month	n/year)
IS YOUR BUSINESS HOME-BASED?	Yes	No
IS THIS A FAMILY-OWNED BUSINESS	? Yes _	No
Company contacts: (Will receive all 0	Chamber emails an	d mail).
Name	Title	Individual E-mail
Name	Title	Individual E-Mail
Authorized signature:		Date:
•	dividual or Non-Pro	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 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.