



Friend of the Ocean Pines Chamber of Commerce Application

Name _____ Date _____

Address _____

Email _____ Phone Number _____

☐

I would like to receive the chamber weekly eblast (never more than two a week)

☐

I would like to learn more about volunteer opportunities

☐

I would be interested in learning more about being on a committee

Suggestions for the chamber:

Return this form and \$35 annual fee to:

Ocean Pines Chamber of Commerce
11047 Racetrack Road
Ocean Pines, MD 21811

You can also pay over the phone or online
with a credit card!

www.OceanPinesChamber.org • info@oceanpineschamber.org • 410-641-5306