

MEMBERSHIP APPLICATION

Oakdale Chamber of Commerce, 590 N. Yosemite Ave., Oakdale, CA 95361
(209)847-2244 Fax (209)847-0826 E-mail: membership@oakdalechamber.com Website: www.oakdalechamber.com

COMPANY INFORMATION

Company Name:	(Office Use) Join Date:
Company Address:	
City/State/Zip:	
Mailing Address: (if different)	
City/State/Zip:	# of Emp. F/T P/T
Company Website:	Home Based Business: Yes / No
Company Phone:	Company Fax:
Primary Business Category :	

CONTACT INFORMATION

Primary Contact:	Title:
Phone: ()	Email:
Billing Contact: (if different)	Title:
Phone: ()	Email:

ANNUAL INVESTMENT

First Year Rate

Regular Investment Schedule	*With Sponsorship	*Without Sponsorship	With Sponsorship	Without Sponsorship
Micro Enterprise	-	\$275	-	\$235
Small Business	-	\$390	-	\$335
Business Builder *	\$990	\$775	\$840	\$660
Business Investor *	\$1,750	\$1,325	\$1,490	\$1,130
Community Builder *	\$3,500	\$2,650	\$2,975	\$2,255
Community Investor *	\$7,000	\$5,300	\$5,950	\$4,505
Community Leader *	\$10,000	\$7,450	\$8,500	\$6,335
Community Champion*	\$15,000	\$11,175	\$12,750	\$9,500



Any person, firm, corporation or resident, owning property in or interested in the advancement of the City of Oakdale shall be eligible for membership. The application for membership shall be accompanied by payment of annual investment. Thereafter, investment is payable annually on the anniversary date assigned by the Chamber. Membership is continuous unless cancelled by written notification by member or terminated by the Board of Directors for cause as follows:

- Conduct that is unbecoming of a member or prejudicial to the aims or repute of the Chamber.
- Nonpayment of investment after 90 days.

Processing fee of \$30.00 for all new applicants.

Signature: _____ Date: _____ Proposed by: _____

"Membership dues/payment is not deductibles as charitable contributions, but may be deductible as an ordinary business expense."

Method of Payment:

Investment + \$30.00= _____

- Check enclosed: Payable to the Oakdale Chamber of Commerce.
- Monthly ACH Debit – Contact Chamber for forms.
- Credit Card: **(Signature for credit card payment)**

Signature: _____ Date ___/___/___

Thank you for your support!

Credit Card Information

Cardholder Name: _____

Mailing address for card: _____

Zip: _____

Credit Card No.: _____

Expiration date: _____ CVV: _____