



MEMBERSHIP APPLICATION/RENEWAL FORM

Please complete and return to:
 Oxford Chamber of Commerce
 PO Box 142, Oxford, MI 48371
info@oxfordchamber.net

(248) 628-0410 www.oxfordchamber.net

Business Name					
Contact Name					
Address					
City		State		Zip	
Phone Number					
Email Address					
Website					
Business Description (Tell us what you do)					

Website Directory Listing

Your business will be listed publicly on www.oxfordchamber.net. If you would like any of the displayed contact information to be different than above, please indicate below. If there is any information that you do not wish to display at all, please indicate by using N/A below.

Contact Name					
Address					
City		State		Zip	
Phone Number					
Email Address					

CHAMBER OFFICE USE ONLY:

Date Rec'd _____ Membership Level _____ QB _____ NL _____ Directory _____
 CC _____ FB _____

Membership Level (Please choose one)

- Non-Profit Membership (\$100)
- Business Membership (\$250)
- Professional Membership (\$450)
- Executive Membership (\$900)

Payment Method: Check (Made Payable to Oxford Chamber of Commerce)

Credit Card (Fill in information below- there will be a 3% convenience fee added)

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover
Name on Card	
Card Number	
Expiration Date	
CVC (Back of Card)	
Billing Zip Code	

I hereby authorize the Oxford Chamber of Commerce to charge my credit card for the specified amount.

Signature

Date



Scan the QR code if you wish to pay your membership fee online through PayPal!