



**APPLICATION FOR ANNUAL MEMBERSHIP  
OAKMONT CHAMBER OF COMMERCE**

P.O. Box 384  
Oakmont PA 15139-0384  
Office: 412.828-3238

Email: [info@oakmont-pa.com](mailto:info@oakmont-pa.com) Website: [www.oakmont-pa.com](http://www.oakmont-pa.com)

Please print the information below and make your check payable to the Oakmont Chamber of Commerce

COMPANY NAME												
OWNER/INDIVIDUAL CONTACT PERSON												
MAILING ADDRESS												
CITY		STATE	PA	ZIP CODE						-		
DAY PHONE		NUMBER OF EMPLOYEES										
CELL PHONE		FAX NUMBER										
EMAIL ADDRESS		WEBSITE	www.									

**INVEST IN THE OAKMONT CHAMBER OF COMMERCE**

**ANNUAL DUES: \$210.00 Per Year (Business Rate) \$250.00 Per Year (Hotel Rate) \$90.00 Per Year (Non-Profit Rate)**

Please verify that your contact information on the Chamber website [www.oakmont-pa.com](http://www.oakmont-pa.com) is still valid and correct. If so, no further information is required. If you wish to correct, update or change your information, please complete the section below.

BUSINESS OR NONPROFIT ORGANIZATION CATEGORY OR TYPE Use a descriptor similar to the headers, listings in the Yellow Pages.	
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Describe your business or service in 30 words or less. This description will be used on the Chamber website and other publications.

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*Applications for membership may be submitted at anytime. Membership is valid for one full year beginning upon receipt of payment.*

For Office Use Only	
Quickbooks _____	Folder _____
Web _____	Mailer _____
Email _____	Directory _____
Excel _____	
Sticker _____	