



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

P.O. Box 384

Oakmont PA 15139-0384

Office: 412.828-3238

Mobile: 412.334.2156

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		NIGHT PHONE										
CELL PHONE		FAX NUMBER										
EMAIL ADDRESS		WEBSITE	www.									

**INVEST IN THE OAKMONT CHAMBER OF COMMERCE**

**ANNUAL DUES: \$**

**(See Back of Page for Dues Schedule)**

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. For examples, please visit [www.yellowpages.com/browse-Pittsburgh~PA](http://www.yellowpages.com/browse-Pittsburgh~PA)

Describe your business or service in 30 words or less. This description will be used on the Chamber website and other publications.


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