



Member Benefits

Exposure

- Member referrals
- Business listing that members can customize on the Chamber's website
- Ribbon cutting
- Submission of new member news and photo for publication in *Pauls Valley Democrat* and *Garvin County News Star*
- Facebook postings and promotions periodically throughout year
- Local business brochure display

Networking

- Annual Chamber Celebration Banquet
- Chamber-sponsored events
- Special events committee participation
- Legislative briefings
- "Pie Day" Meeting with Legislators at State Capitol

Discounts

- Advertising discounts with local media
- AirMedCare membership

Chamber News

- Monthly E-newsletters
- Member briefs

Annual Community Guide & Member Directory

- Free listing of your business or organization
- Advertising opportunities

Meeting Space

- Free use of the Chamber's 38-seat conference room for up to 2 hours per month during business hours



Application for Membership

I hereby make application for active membership in The Pauls Valley Chamber of Commerce and agree to adhere to all by-laws, rules and regulations. It is understood that membership dues are payable in full unless other arrangements are made.

Date

Business Name Year Founded

1st Contact Person Title

2nd Contact Person Title

Primary Email Address Secondary Email Address

Physical Address of Business

Mailing Address of Business

Business Telephone Fax Number

Website Address Facebook Page Name

Instagram Twitter (X)

How did you hear about us?

Interested in Ribbon Cutting ceremony? Yes No

The Pauls Valley Chamber of Commerce
112 E. Paul Ave. • PO Box 638 • Pauls Valley, OK 73075
Phone (405) 238-6491 • Fax (405) 238-2335
Email info@paulsvalleychamber.com
www.paulsvalleychamber.com



Member Profile

To assist us in profiling your business, please fill out the following form. It will help us know exactly what you do so that we can refer customers to you.

Hours of Operation

Brief Description of Services/Products:

Type of Business: (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Family-Owned | <input type="checkbox"/> Government |
| <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Home-Based | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Non-Profit | <input type="checkbox"/> Education-Based | _____ |

Demographic Category: (check all that apply)

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Black | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Veteran-Owned | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Woman-Owned | <input type="checkbox"/> Asian Pacific | _____ |

Interested in Serving on: (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Chamber Banquet |
| <input type="checkbox"/> Membership Committee | <input type="checkbox"/> Luncheon Committee | <input type="checkbox"/> Brickfest |
| <input type="checkbox"/> Advocacy Committee | <input type="checkbox"/> Okie Noodling Festival | <input type="checkbox"/> Golf Tournament |

Annual Membership Investment Guide

Number of Employees:

FT:

PT:

Select 1 applicable category of 3 listed below:

Professional (doctor, attorney, CPA, etc. and their office personnel)
\$200 + \$100 each add'l owner or partner

OR

Standard business or corporation

- 1 – 5 employees \$175
- 6 - 10 \$225
- 11 - 20 \$275
- 21 - 30 \$325
- 31 - 50 \$425
- 51 - 75 \$525
- 76 - 100 \$775
- 101 - 150 \$1,125
- 151 - 300 \$1,375
- 301+ \$1,625

OR

Special membership types

- Civic organizations \$125
- Education entities \$375
- Church & non-profits \$125
- Individuals \$100

(Not listed as Business or by Business Name)

Total Membership Amount:

Invoice Options: [Example: Semi-Annual = \$87.50, Yearly=\$175]

Semi-Annual Yearly

Method of Payment: Statement Cash Check Credit Card

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Card authorization form

I, _____, give permission to _____ to charge

Buyer name

Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service

All fields required

Card information

Card type

MasterCard

Discover

VISA

AMEX

Other

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Charge on this date _____

(For example, the 1st of every month)

Payment amount

Product/service sold

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: _____

(Name and email)

Customer signature

Date