

**Membership Application  
Capitol Chamber of Commerce**

Last Name                      First Name                      MI

\_\_\_\_\_  
Title/Function

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                                      State                      Zip code

\_\_\_\_\_  
Area code / Telephone #                      Fax #

\_\_\_\_\_  
E-mail

\_\_\_\_\_  
Website Address

**Membership Will Be Paid**

Quarterly    Semi-Annually    Annually

**Type Membership:**

- Corporate (51 or more emp) \$1000
- Small Business (1-50 emp) \$250
- Governmental \$500
- Individual \$100

**Please Make Check Payable & Mail To:**

**Capitol Chamber Of Commerce  
P.O. Box 36127  
Oklahoma City, OK. 73136**

Telephone 405.427.4444  
Fax 405.427.4447