

NORMAN NEXT

Membership Application

Name: _____

Street Address: _____ City _____ State _____ Zip Code _____

Mailing Address: _____ City _____ State _____ Zip Code _____

Phone: (1) _____ (2) _____

Fax: _____

E-mail: _____

Social Media:

Website: _____

Facebook name (or e-mail associated) _____

Employer: _____

Twitter name (or e-mail associated) _____

Birthday: _____

Linked-In name (or e-mail associated) _____

Annual Investment: \$50 plus \$25 Chamber dues (if you do not work for a Chamber member) = Total First-Year Investment: _____

Member Signature: _____ Date: _____

I understand that by providing my mailing address, e-mail address, telephone number, and fax number, I consent to receive communications sent by, or on behalf of, Norman NEXT (and its subsidiaries and/or affiliates) via regular mail, e-mail, telephone, or fax.

Check Mastercard Visa American Express Discover Account #: _____

Expiration Date: _____ Security Code (3 digit # on the back of your card) _____

Billing address of card (if different from above): _____ Zip Code: _____

Automatic Monthly Bank Withdrawal Routing #: _____ Account #: _____ or provide voided check or deposit slip

Select your preferred NEXT Teams:

Community Activism Government Relations Membership Development Next Generational Leadership Special Events

Return application to:

Norman Chamber of Commerce

c/o Norman NEXT

P.O. Box 982

Norman, OK 73070

Drop off:

115 E. Gray St.

Fax to:

(405) 360-4679

e-mail to:

kyla.mcmoran@normanchamber.com