GORE CHAMBER OF COMMERCE
MEMBERSHIP APPLICATION

APPLICANT INFORMATION		
Business Name:		
Owner(s) Name:		
Business Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
E-Mail:		
Website Address:		
Social Networking:		
Would you like your business e-mail and website address on the Gore Chamber of Commerce Website Directory Page? (please circle one) Yes No		
NEW Members Would you like to have a ribbon cutting? (please circle one) Yes No		

Individual Membership
$75.00

Business Membership
$175.00

Amount Paid _____ Date Paid _____ Check # _____

----------Please return top portion with payment----------

Please mail check to:
Gore Chamber of Commerce
P.O. Box 943
Gore, OK 74435

Amount Paid _____ Date Paid_____Check # _____