

# 2025 Membership

New Application \_\_\_\_\_

Renewal \_\_\_\_\_

**Member Information:**

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

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: : (\_\_\_\_) \_\_\_\_\_

Company Website: \_\_\_\_\_

Key Search Words for the on-line Member Directory: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Referred By: \_\_\_\_\_

Would you be interested in becoming a Stilwell Chamber of Commerce Board Member? \_\_\_\_\_

Do you have business associates that you believe can benefit from the Stilwell Chamber of Commerce? \_\_\_\_\_

If so, may we contact you for more information? \_\_\_\_\_

<b>MEMBERSHIP FEES:</b>	<b>ANNUAL DUES: (Circle)</b>
1 – 2 Employees	\$45
3 - 4 Employees	\$55
5 – 15 Employees	\$65
16 – 30 Employees	\$100
31 –50 Employees	\$135
51 – 75 Employees	\$165
76 to 100 Employees	\$200
101 to 250 Employees	\$230
251 or 500 Employees	\$330
500 or more Employees	\$550
Professional (Doctors, Lawyers, Etc.)	\$60
Utility	\$175
Bank	\$200
Church, Civic Club	\$25
Individual	\$25
Couple	\$40
Senior Citizen (65+)	\$20
<b>TOTAL AMOUNT DUE:</b>	\$ _____

**PAYMENT INFORMATION:**

- Invoice Request (W-9 Needed Yes/No)
- Check/Money Order
- Cash

**Membership Categories**

**PLEASE CHECK ALL THAT APPLY:**

	<b>Advertising &amp; Media</b>		<b>Arts, Culture &amp; Entertainment</b>
	<b>Automotive &amp; Marine</b>		<b>Business &amp; Professional Services</b>
	<b>Computers &amp; Telecommunications</b>		<b>Construction Equipment &amp; Contractors</b>
	<b>Family, Community &amp; Civic Organizations</b>		<b>Finance &amp; Insurance</b>
	<b>Government, Education &amp; Individuals</b>		<b>Healthcare</b>
	<b>Home &amp; Garden</b>		<b>Industrial Supplies &amp; Service</b>
	<b>Legal</b>		<b>Lodging &amp; Travel</b>
	<b>Personal Services &amp; Care</b>		<b>Pets &amp; Veterinary</b>
	<b>Real Estate, Moving &amp; Storage</b>		<b>Religious Organizations</b>
	<b>Restaurants, Food &amp; Beverage</b>		<b>Shopping &amp; Specialty Retail</b>
	<b>Sports &amp; Recreation</b>		<b>Transportation</b>

**ADDITIONAL REPRESENTATIVES:**

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** : (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(If Different From Primary Contact)

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** : (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(If Different From Primary Contact)

**Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** (\_\_\_\_) \_\_\_\_\_ **Fax:** : (\_\_\_\_) \_\_\_\_\_

**City:** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_  
(If Different From Primary Contact)

Contact [chamber@stilwellareachamber.com](mailto:chamber@stilwellareachamber.com) with any questions

**Please Mail Completed Form and Payment to:  
Stilwell Area Chamber of Commerce, PO BOX 845 Stilwell, OK 74960**

**Membership Questionnaire:**

**The Stilwell Area Chamber of Commerce is always looking for ways to grow our community and get others involved. We would like to implement a Chambers rewards program to offer benefits or discounts to exclusively our members. Do you have an idea, discount, or benefit that you would like to use to promote your business? If so, list that below. This is not required and you will not be committed to this unless we have enough participants in which we will then have you complete a rewards program contract for the 2025 memberships.**

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