



MEMBERSHIP APPLICATION

If you prefer to pay by credit/debit card, please visit our online membership application at OxfordPA.org

Business Name _____

Street _____

City/State/Zip Code _____

Phone _____ Website _____

Number of Employees _____

BUSINESS CATEGORY

Circle the category that best fits your business to appear in the directory.
If left blank you will be categorized under Other.

- Accounting / Financial
- Advertising / Newspaper/ Printing
- Agriculture
- Architecture / Engineering/ Land Planning
- Appliance Repair
- Artist/ Art Gallery / Art Instruction
- Automotive
- Caterer
- Chiropractic Care
- Churches
- Cleaning Services/Dry Cleaning/ Restoration Services
- Computers / Consulting
- Construction / Contractors
- Dental / Orthodontics
- Education / Day Care
- Electrical
- Emergency Services
- Employment Services
- Financial Institutes/Mortgage Companies
- Florist
- Funeral Home
- Furniture/Reclaimed Architectural
- Golf
- Government
- Hair Salon/ Barber
- Health
- Hospital
- Insurance
- Landscape & Plants
- Lawyer
- Manufacturer
- Moving Services/ Removal/ Storage
- Non-Profit Organizations
- Optometrist
- Painters
- Photography
- Plumbing / Heating / Cooling/ Fuel
- Real Estate/ Rental/ Inspection Services
- Recreational
- Restaurant / Specialty Food/Beverages
- Retail/ Boutiques/Sales
- Retirement Community
- Services
- Trucking
- Veterinary/ Pet Boarding
- Videographer
- Wholesale
- Winery/Venue
- Other

2021 MEMBERSHIP RATES

Membership is based on a January calendar year.
Members joining after January will be pro-rated their first year.
Please circle a category below.
Dues are based on the number of full time employees
Each employer counts as a full time employee.

1 Employee	\$100
2 - 5 Employees	\$125
6—15 Employees	\$150
16-30 Employees	\$200
31-100 Employees	\$225
100+ Employees	\$350
Schools, Colleges, Universities	\$200
Non-Profit	\$100

DESCRIBE YOUR BUSINESS

Will be used in the online OACC directory. Limit 35 words.

PRIMARY REPRESENTATIVE

Name _____

Phone _____

Email _____

MORE INFORMATION

___ Please call me about placing an ad in the Oxfordian Magazine
(Spring and Fall issues) Members receive discounted rates in
the biannual Oxfordian Magazine.

___ I would like to offer a discount to Chamber Members

___ I wish to donate to the OACC Scholarship Fund \$ _____

I'm interested in becoming involved!

___ Events Committee ___ Membership

___ Fundraising ___ Government Relations

Oxford Area Chamber of Commerce

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