



# 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 / Tax Prep Services
- Advertising / Newspaper/ Printing
- Agriculture
- Architecture / Engineering/ Land Planning
- Appliance Repair
- Art Gallery / Art & Music Instruction
- Automotive
- Banking/Financial Institutions/Home Mortgage
- Chiropractic Care
- Churches
- Cleaning Services/Dry Cleaning/ Restoration Services
- Computers
- Construction / Contractors
- Dental / Orthodontics
- Education / Day Care
- Electrical
- Emergency Services
- Employment Services
- Financial Advisors
- Florist
- Funeral Home
- Furniture/Reclaimed Architectural
- Golf
- Government
- Hair Salon/ Barber
- Health
- Hospital
- Insurance
- Lawn/ Landscape & Plants
- Lawyer
- Medical
- 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
- Theater
- Trucking
- Veterinary/ Pet Boarding/ Obedience Training
- Winery/Venue
- Other

## 2022 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. Or indicate no change to online description.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 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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