



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

2024 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	\$125
2 - 5 Employees	\$175
6—15 Employees	\$200
16-30 Employees	\$225
31-100 Employees	\$325
100+ Employees	\$450
Schools, Colleges, Universities	\$250
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

1 Octoraro Alley Suite A | PO Box 4 | Oxford, PA 19363
610-932-0740 | CGrove@OxfordPAChamber.org | OxfordPA.org