



Lexington
Chamber of Commerce

Membership Application

BUSINESS MEMBER \$50/YR
INDIVIDUAL MEMBER \$25/YR

Company or Individual Information – *As it will appear in the Online Member Directory*

Business or Individual Name: _____

Address: _____ City: _____ State: OK Zip: _____

Phone: _____ Website: _____

Services/Products Provided: _____

Facebook: _____ Instagram/Twitter/Other: _____

How did you hear about us? _____

Owner's Information– *Primary decision maker for the company*

Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Primary Representative for Membership (*if other than Owner*)

Name: _____ Title: _____

Work Phone: _____ Cell Phone: _____

Email: _____

Additional Company Representatives – *to receive Lexington Chamber communications*

Name: _____ Phone: _____

Email: _____ Title: _____

Name: _____ Phone: _____

Email: _____ Title: _____

Applicant Signature: _____

****Attach Business Card if Applicable**

Remit to: PO BOX 828, LEXINGTON, OK 73051 | LEXINGTONOKLAHOMACHAMBER.COM | LexChamberOk@gmail.com