

Application for NEW MEMBERSHIPS to Ocean View Chamber of Commerce

OVCC PO Box 6710 Ocean View, HI 96737 (808) 939-8449 www.ovchamber.com

Deadline for Directory Publication is October 2, 2006

Today's Date
Total Enclosed \$

PLEASE READ: Do not use this form if your 2006 memberships are current. You will be receiving your 2007 renewal by mail and no action is necessary until that time.

INSTRUCTIONS: Complete the form below and make a copy to keep for your records. Mail the completed form with your check or money order made payable to OVCC at the address above.

FIRST BUSINESS — MEMBERSHIP DUES — \$35.00

Required Owner Contact Information

Required for processing your order, proofing, billing or other questions. *Not for publication.*

★ INDICATES A REQUIRED FIELD. IF NONE WRITE "NONE"

★ Owner name(s)		
★ Mailing address		
★ Phone	★ Fax	
Cell	★ Contact person	
★ E-mail		
★ Signature		
★ Best time to call AM / PM	E-mail Chamber News? <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of directories requested for distribution

First Listing

Please print clearly all information to be included in your standard listing *for publication.*

★ INDICATES A REQUIRED FIELD.

★ Business name	
★ Type of Business (maximum 35 characters)	
Mailing address	
★ Phone	Fax
Cell	Contact person
E-mail	
Web site	

<input type="checkbox"/> I am interested in serving on a committee, please contact me.	I would like to donate to the Ocean View Chamber of Commerce Scholarship Fund	<input type="checkbox"/> \$5.00	<input type="checkbox"/> Other \$ _____	Include your donation in the "Total Enclosed" box at top
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ADDITIONAL MEMBER BUSINESS LISTINGS: \$20.00 EACH

Please print clearly all information to be included in your standard listing *for publication.*

2nd Listing ★ INDICATES A REQUIRED FIELD.

★ Business name	
★ Type of Business (maximum 35 characters)	
Mailing address	
★ Phone	Fax
Cell	Contact person
E-mail	
Web site	

3rd Listing ★ INDICATES A REQUIRED FIELD.

★ Business name	
★ Type of Business (maximum 35 characters)	
Mailing address	
★ Phone	Fax
Cell	Contact person
E-mail	
Web site	

OFFICE USE ONLY					
CUSTOMER #	DATE RECEIVED / OFFICE	CHECK #	CHECK \$	DATE RECEIVED / ART DEPT	<input type="checkbox"/> DEADLINE MET <input type="checkbox"/> PAYMENT CLEARED
CONFIRMED: Received all information requirements and specs, forms and payments by deadline as required.			CONFIRMED: Invoice sent due to underpayment, missed deadline or other.		INITIAL: _____
INITIAL: _____ Note: _____			INITIAL: _____		INITIAL: _____