

Membership Application



2025 Membership Level: Faith, Associate, Organization, \$ FREE

Home based business, Service, Retail

+ # of Full-time Employees ____ X \$25.00

\$

Max fee \$400.00

+ # of Part-time Employees ____ X \$10.00

\$

Max fee \$400.00

Total Investment Amount

\$ FREE

Signature: _____ Date: _____

Business or Organization:

Physical Address:

City/State/Zip:

Mailing Address:

Phone Number:

Website:

Business Category:

Business Hours:

Brief Business Description:

(25 words or less)

Business/Organization Name, Contact Information and Business Category are used for Membership Directory. Please make sure it is as you wish it to appear on the Phone Card, Mail Bag, and Chamber Website Directory

Primary Contact:

Job Title:

Email:

Phone Number:

Please Make Checks Payable to:

Oakes Chamber of Commerce

PO Box 247

510 Main Ave.

Oakes, ND 58474

If you wish to pay online, please visit:

www.Oakesnd.com/chamber/Join-us

Thank you for your investment and continued support of the Oakes Chamber of Commerce and our local community!

Membership Deadline for inclusion in the printed Member Directory for 2027 is December 1 Please contact Kausha Magill at the Chamber office with any questions or for more information . 701-742-3508 or director@oakeschamber.com

