



Ocean City Regional Chamber of Commerce Membership Form

The undersigned hereby agrees to join with other businesses and professional leaders in a cooperative effort to improve regional economic conditions, the business climate, and ultimately the quality of life. The annual investment, payable in advance, is agreed to until the Chamber of Commerce shall give at least 30 days notice of increase, reduction or cancellation.

Annual Dues: \$295

2nd Business or Individual associated with a member business: \$100

Company: _____

Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Type of Business _____

FOR ALL CHAMBER PUBLICATIONS

Street Address: _____

City: _____ ST: _____ Zip _____

Phone: _____ Fax: _____

Website: _____

Hours of Operation: _____

Amount Enclosed: _____ Check #: _____

Visa _____ MasterCard _____ Exp. Date _____ CVC# _____

Card #: _____

Signature: _____

Name on Card: _____

**Ocean City Regional Chamber of Commerce,
16 E. 9th Street., Ocean City, NJ 08226
Phone (609) 399-1412, Fax (609) 398-3932
info@oceancitychamber.com www.oceancityvacation.com**