



New Oxford Area Chamber of Commerce
27 Center Square
New Oxford, PA 17350
717-624-2800
info@newoxford.org
newoxford.org

2019 Membership Application

2019 Annual Investment (currently 50% off): Business/Professional Membership: ~~\$85~~ \$43, Individual Membership: ~~\$30~~ \$15

Company/Individual Name: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Telephone Number: _____ Fax Number (if applicable): _____
Owner's Name: _____ Email Address: _____
Website Address (for Chamber web directory): _____
Business Category (for Chamber web directory): _____

What is your main reason for joining the Chamber? (circle)

Networking Community Involvement Volunteer Opportunities Mixers/Events Marketing Other: _____

Contact person (if not owner; will be sent information about membership, voting, mixers, etc.):

Name: _____

Email: _____

*Event and Chamber information will automatically be sent to the contact person. Opt out of communications: _____

To request a Chamber Membership plaque, check here: _____

To request a 2019 Chamber tag, check here: _____

An extensive list of membership benefits can be found in our **NEW 2019 Membership Benefits Packet**. Additionally, sponsorship opportunities can be located in our **2019 Sponsorship Brochure**. Both documents are available at newoxford.org.

Questions? Contact Michaela Shaffer, Marketing & Membership Coordinator, at info@newoxford.org or (717) 624-2800!

Volunteer Opportunities: Our Chamber is run by volunteers. With only one part-time staff member, volunteers are imperative to keeping our Chamber functioning. Interested in helping? Please select the option(s) you would like to help us with below. We will contact you with additional information based on what you select. Thank you!

___ Harvest Day Festival & Parade (October 26, 2019): ___ Membership
___ Decorating the Circle in November (Sunday before Thanksgiving): ___ Office Support
___ Undecorating the Circle in January

For office use only:

Date received: _____ Amount: _____ Check #: _____
MC/Visa CC #: _____ CSV #: _____ Exp. Date: _____
Billing Name & Address: _____