

Visit Oak Park Membership Application

Company Name: _____

Main Contact: _____ Billing Contact: _____ Owner: _____

Please list one Main Contact who will receive all correspondence and be listed in publications/web site

Physical Address: _____

Mailing Address: (if different from physical address) _____

Billing Address: (if different from mailing address) _____

Phone: (____) _____ Fax: (____) _____

Web Address: _____

E-Mail: _____

Membership Category: _____

PAYMENT MUST ACCOMPANY THIS FORM IN ORDER TO BE PROCESSED

Check Enclosed: # _____ Credit Card Payment: VISA MC AMEX DISCOVER Amount: \$ _____

Name as it appears on the card: _____

Card #: _____ Exp: _____

Authorized Signature: _____

Membership Dues: Membership dues are deductible as a business expense, but not a charitable donation. Membership is renewed on the anniversary date of your application filing. Membership dues are non-refundable...

Signature: _____

Date: _____

Publications Listing:

Please provide a description of your products/services that will be used in the Visitor Guide.
