

OXFORD EXCHANGE

Commerce Club

CORPORATE MEMBERSHIP APPLICATION

Hours: 7:30am – 5pm, Monday – Friday and 9am – 5pm, Saturday

Company _____ Industry _____

Address _____

City, State, Zip _____

Contact Name _____

Email _____ Phone _____

Employees included in Corporate Membership:

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Name _____ Phone _____ Email _____

Anything else you would like us to know:

For Office Use Only:

Submitted _____ Approved _____ Activated _____

MEMBER # _____