

OXFORD EXCHANGE

The Commerce Club

INDIVIDUAL MEMBERSHIP APPLICATION

*To submit, email commerceclub@oxfordexchange.com or mail to Oxford Exchange,
Attention: The Commerce Club, 420 West Kennedy Blvd., Tampa, FL 33606.*

Name _____ Date of Birth _____

Address _____

City, State, Zip _____

Phone _____ Email _____

Company _____

Industry _____ Job Title _____

Estimated Usage Times (days per week, hours per visit): _____

How do you intend on using The Commerce Club? _____

Is there anything you would like us to know? _____

Please list two (2) business references:

Name _____ Company Name _____

Phone _____ Email _____

Name _____ Company Name _____

Phone _____ Email _____

For Office Use Only:

Submitted _____ Approved _____ Activated _____

Member # _____