



**ATOKA COUNTY
CHAMBER OF COMMERCE**

Our Mission Statement

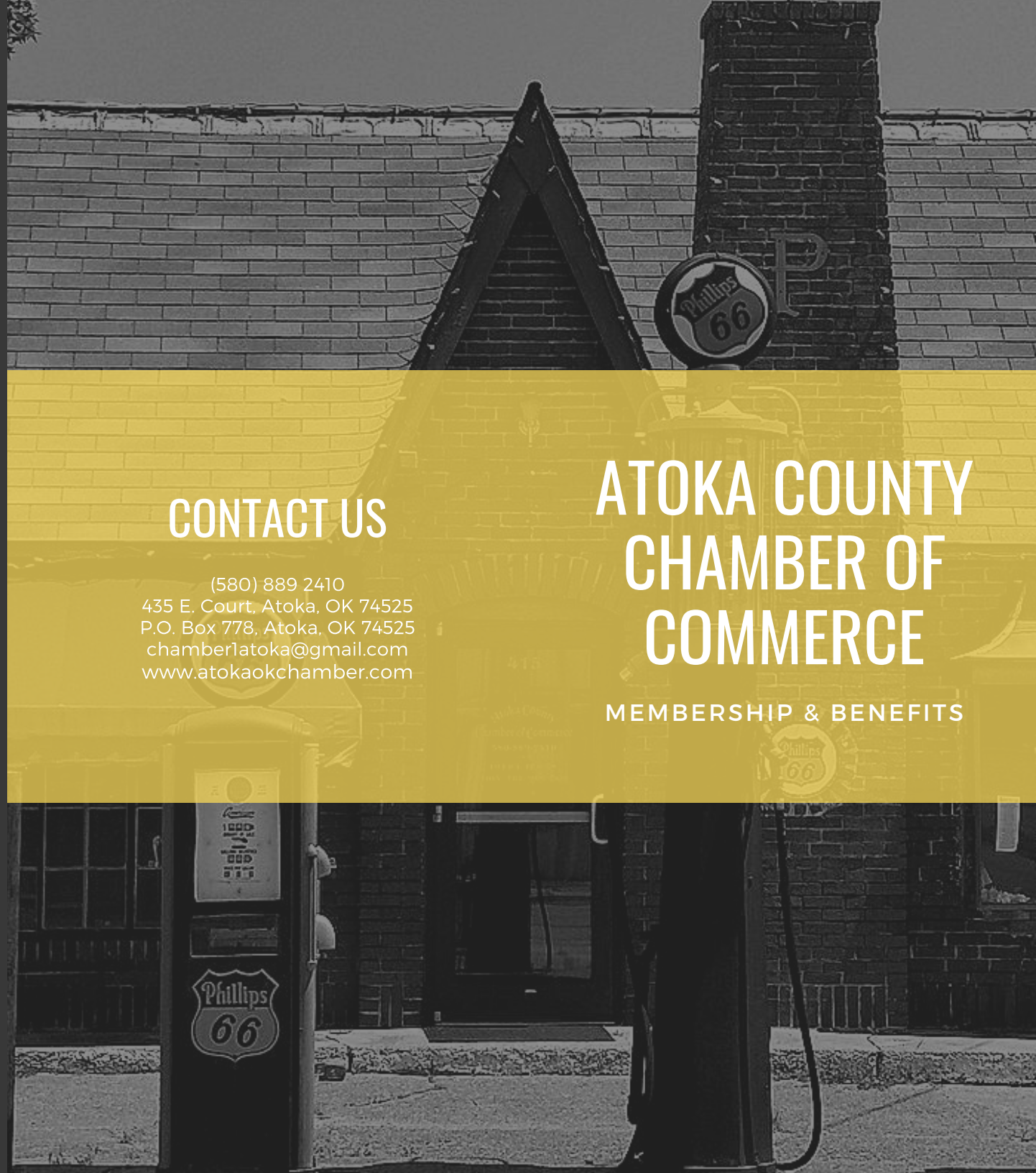
"To promote economic growth in Atoka County by focusing on the development and promotion of business, improving the quality of life by making the economy stronger, and to give support to established businesses and civic endeavors."

CONTACT US

(580) 889 2410
435 E. Court, Atoka, OK 74525
P.O. Box 778, Atoka, OK 74525
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www.atokaokchamber.com

ATOKA COUNTY CHAMBER OF COMMERCE

MEMBERSHIP & BENEFITS





CHAMBER MEMBER BENEFITS

- Active library of county directories, surveys, maps, travel information, and other materials
- Links to your business on the Atoka Chamber of Commerce website
- Your business listed in our Atoka Chamber business directory
- Spotlights for your business on our social media pages
- Chamber will act as a liaison between your business and other organizations in Atoka County
- Monthly member luncheons, with updates on all the latest community developments
- The Chamber is at the helm of several yearly events, including the Atoka Christmas Parade and the annual Chamber Gala (formal members only event)
- Free advertising for hiring employees through social media, email blasts, and word of mouth

We're here to support the growth of your business and we thank you for your support of the economic growth of our incredible county!

NEW MEMBERSHIP APPLICATION

MEMBERSHIP STRUCTURE

1-5 Employees.....	\$150 annually
6-10 Employees.....	\$180 annually
11-25 Employees.....	\$210 annually
26-50 Employees.....	\$240 annually
51+ Employees.....	\$360 annually
Individual.....	\$36 annually
Silver Member.....	\$1,000 annually
Gold Member.....	\$2,000 annually
Platinum Member.....	\$5,000 annually

DUES ARE PAYABLE IN ADVANCE.

Membership is tax deductible as a legitimate business expense. Head of firm will be listed as the voting member. Please mail application and/or dues to P.O. Box 778 Atoka, OK 74525

Company Name: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

Website: _____

Facebook: _____

Services Offered: _____

Number of Full-Time Employees: _____

Number of Part-Time Employees: _____

Contact Name: _____

SIGNED _____

DATE _____