The Greater Ocean City
Chamber of Commerce
12320 Ocean Gateway
Ocean City, MD 21842
410-213-0144 / 888-OCMD FUN

2009 / 2010 Membership Application

Name of the applying business/organization: _____

Organization Type:

☐ Accountant	☐ Attorney/Title Company	☐ Hotel/Motel/Condo
☐ Bank/Mortgage Companies	☐ Restaurant	☐ Real Estate
☐ Golf Course	☐ Campground	☐ Transportation
☐ General Business	☐ Contractor	☐ Homeowner/Condo Assoc.
☐ Shopping/Retail	☐ Non-Profit/Organization	☐ Other_____

Mailing/Billing Address: _____

City, State, Zip: _____

Physical Address (e.g., 5th St. and Ocean): _____

Company website (URL): _____

Business Email: _____

Phone and Fax: PH: Toll Free: FAX:

Name of primary contact : Email:

Name of add'tnl contact: Email:

Please Provide: date established: _____ # employees:_____

#rooms/seats: # branches:

Description of business: _____

(attach additional sheet) _____

Referred by (optional): Name: Email:

Address: Phone:

Would you like to appear on the chamber website (no charge)? ☐ Yes ☐ No

Would you like a link from our website to yours (no charge)? ☐ Yes ☐ No

Payment Information: Investment Amount (see investment schedule): $ □Check enclosed □Charge my credit card

Card type (e.g., Visa): Card number:

Expiration date: Name printed on card:

Signature: Date:

Please remit with payment to: The Greater Ocean City Chamber of Commerce, 12320 Ocean Gateway, Ocean City Maryland, 21842 Or FAX to 410-213-7521