



JUNIOR CHAMBER

MEMBERSHIP APPLICATION for RENEWING MEMBER

Please print legibly.

Name: _____

Street Address: City, State, Zip Code

Current Grade: 9th 10th 11th 12th

Cell Phone: _____ **Email Address:** _____

Parent/Guardian Name: _____ **Parent/Guardian Phone:** _____

Please list & circle: As the parent/guardian of _____, I **DO** **DO NOT**
give my permission for photos of my child to be posted on the Cushing Chamber's Facebook, Instagram
accounts and/or website.

Shirt Size: Small Medium Large XLarge 2XLarge 3XLarge

Please list any extracurricular activities that you are involved in (Athletics, FFA, Church Youth Group,
NHS, Student Council, etc.)

1301 E. Main Street, Cushing, OK 74023
Office: 918-225-2400 | Email: Tracy@cushingchamber.org
Cushingchamberofcommerce.org



What is at least one thing that you hope to gain/ accomplish from participating and joining the Cushing Junior Chamber?

Please list one referral: Name, Phone, Email

As a Cushing Junior Chamber Member there is no fee but as a member and representative of Cushing Public Schools and the Cushing Chamber of Commerce. **Please initial by each requirement below that you understand that you are required to:**

- ★ Follow and maintain the CPS eligibility requirements
- ★ Maintain a positive image
- ★ Participate in a minimum of **TWO** Chamber Events per semester
- ★ Promote "Character" through volunteer service and school activities
- ★ Provide a letter of recommendation from a teacher, administrator, coach, advisor, pastor, etc.
- ★ Attend a **minimum of 6 of the 9** Junior Chamber monthly meetings.

Involvement in the Cushing Junior Chamber gives students experiences outside of the walls of the school. We accomplish this by helping them improve life and business skills, providing leadership opportunities by working with local leaders. We work to provide an opportunity to learn more about their community, the importance of community service, and how the Chamber, City, Economic Development Foundation, Schools, and Businesses all work together to create our local economy.

Please return this form to the Cushing Chamber office or School Administrator.

Student Signature: _____

Parent/ Guardian Signature: _____

Date: _____

Chamber Approval: _____

Date: _____

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