

Membership Application

Business Name: _____

(Please indicate complete name with appropriate abbreviations, initials etc.)

Street Address: _____ City _____ Zip _____

Mailing Address: _____ City _____ Zip _____

Phone: _____ Fax: _____ Website: _____

Number of employees (at member location): Full-time: _____ Part-time: _____

(includes owners, partners, brokers, associates, representatives – total of all persons who work out of a particular business)

Classification in the Member Resource Guide (Directory) and Database:

(Classification is used in database, on website and in resource guide. Where would people find you in the Yellow Pages? That's a good basis to use)

Your primary contact(s) for the Chamber: (list billing rep and company decision maker first): Indicate the main contact person for chamber activities, and note any addresses different from listing address **(use additional sheets if needed)**

Name Title Phone Email

Billing Rep: _____

Main Rep: _____

Rep: _____

Rep: _____

Fee Schedule:

General Business (commercial, manufacturing, industrial) Based on total number of full-time equivalency of all part-time employees (includes owners, partners, brokers, associates, and representatives – total of all persons who work out of a particular business)

1 employee \$325 2-5 employees \$425 6-20 employees \$525 21-60 employees \$725 61-100 employees \$1125
101-400 employees \$1525 401-1000 employees \$1725

Retired individuals, no business affiliation, political representatives, civic, political, social and fraternal organizations, foundations, churches listed only in those classifications \$325

Name Badge \$10 _____ each _____ total

Person's name for name badges (or additional name badges) Please print _____

Dues _____ Processing Fee \$30.00

Special dues pricing – join for two years instead of one, save 10 percent! Two year pricing \$ _____

Total Due _____ (all sales on this form) Date _____ **Signature** _____

Membership is activated when total dues are received

Please charge my VISA/MC card account # _____

Exp. date _____ Billing Zip Code _____

North Clackamas County Chamber of Commerce, 7740 SE Harmony Road, Milwaukie, OR 97222 Questions? Call 503-654-7777

Office Use:

Referred by: _____ Sales representative _____

Date Received: _____ Amount received \$ _____ Balance owing \$ _____

Check events that you are willing to attend at least once (check all that apply):

- AM Business Connection Business After Hours Chamber 101 Forum Lunch
 Issues Event Committee or Task Force Meeting Women in Networking

Tell us about you and your interests:

- | | |
|---|---|
| <input type="checkbox"/> I'm interested in public affairs and business advocacy issues | <input type="checkbox"/> I'm interested in advertising my biz |
| <input type="checkbox"/> I'm interested in personal/professional development
(leadership, seminars, workshops, etc.) | <input type="checkbox"/> I'm interested in sponsoring
Chamber events |
| <input type="checkbox"/> I'm interested in transportation and land issues | <input type="checkbox"/> I'm interested in networking |
| <input type="checkbox"/> I would like more information about chamber events/activities | <input type="checkbox"/> I'm interested in hosting an event |
| <input type="checkbox"/> I would like more information about trade shows/showcase opportunities | <input type="checkbox"/> I'm interested in special events |
| <input type="checkbox"/> I'm a home based or family business | <input type="checkbox"/> I'm interested in tourism |
| <input type="checkbox"/> I'm a traded sector business | <input type="checkbox"/> I don't know yet what I'm interested in |
| <input type="checkbox"/> I'm an export business | |

Ways you believe you can maximize your chamber membership: _____

Buddy Program

YES! I plan to maximize my membership in the North Clackamas County Chamber of Commerce! I would like to participate in the Chamber's Buddy program to be visited by longer term Chamber members who can assist me in gaining the maximum benefit from my membership.

NO! I do not wish to be visited by a member of the Buddy Program. I believe that I do not need a relationship with a longer term member to assist me in maximizing my chamber membership.

Signature: _____ Date _____

If you checked yes, the Chamber will contact you within two weeks with your Big Buddy information. If you do not hear from your Big Buddy by two weeks after that, please let the Chamber know.

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Chamber staff to complete this portion:

Received by staff member: _____ Date _____