



Date _____

Company Name _____

Physical Address _____

City _____ Zip _____

Mailing Address _____

City _____ Zip _____

Company Phone _____ Fax _____

Website _____ Company E-mail _____

Primary Contact Person _____

Position _____ Direct E-mail _____

Direct Phone _____ Direct Fax _____

Please indicate how you prefer to be contacted: phone email

Billing Contact _____ Phone _____

Billing Address _____

City _____ Zip _____

Billing Contact e-mail: _____

Year Business Established _____ # Full Time Employees _____ (e.g. two half-time employees= 1.0 FTE)

Primary Business Category(ies) _____

Referred by _____

*This agreement is effective for 12 months from the date of signing the membership application. Membership will automatically renew on the first day of the anniversary month, unless the member or the Chamber of Commerce gives written notice of non-renewal within **10 days** prior to the anniversary date.*

Member Signature _____

CALCULATE YOUR INVESTMENT

Your Annual Investment from the back of this form:\$ _____

One-time Processing Fee (includes one name badge):\$ **40.00**

Additional name badges, \$10.00 each:\$ _____

Gold Club enhanced membership, \$150.00.....\$ _____

Total Payment Due:\$ _____

Membership dues in the Oregon City Chamber of Commerce are not tax deductible as charitable contributions for federal income tax purposes, but may be deductible as ordinary and necessary business expenses.

Paying by: (please check one): Check Cash Visa/MC

Card # _____ Exp. Date _____ V-Code _____

Name on Card _____

Signature _____

Each new membership includes one name badge with the name of the Primary Contact for your business.

If you have provided an e-mail address for the Primary Contact, that person will also receive a weekly E-blast with up-to-date news from the Chamber and a link to the *ChamberWire*, our monthly newsletter. .

For \$10.00 each, name badges may be ordered for other representatives of your business. Additional staff may also be added to our e-mail distribution list. Please add any additional names below:

Name _____

Position _____ Direct E-mail _____

Direct Phone _____ Order Badge: Yes No

Name _____

Position _____ Direct E-mail _____

Direct Phone _____ Order Badge: Yes No

Name _____

Position _____ Direct E-mail _____

Direct Phone _____ Order Badge: Yes No

HOME BASED BUSINESSES and CITIZEN MEMBERSHIPS

For your privacy, a home-based business or individual may choose to not include the street address in the directory section of our magazine, *Oregon City Around Town* and in the online business directory at www.oregoncity.org.

Please mark below if you would like your address removed from one or both of these listing.

Please omit the address from the printed directory.

Please omit the address from the Internet listing.

Please use the following information for the: Print Directory Internet Both

Address _____ City, State, Zip _____

Phone _____

YOUR DUES INVESTMENT

of Full-time Equivalent Employees, including Employer
(Divide total hours worked in a work week by 40 to determine FTE)

2 or less FTE.....	\$235	26 – 50 FTE.....	\$520
3 – 10 FTE.....	\$300	51 – 75 FTE.....	\$600
11 – 25 FTE.....	\$400	76 – 100* FTE.....	\$700
over 100	\$700 plus \$2.00 per employee over 100		
Citizen Member (no business or non-profit affiliation).....	\$100	Non-profit 501(c)3 status.....	\$150

Optional Gold Club membership enhancement - \$150.00. Added business exposure in print and online.
See the Gold Club flyer for more information

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