



**Associate
MEMBERSHIP APPLICATION**

Bend Chamber - (541) 382-3221

Company Name _____	
Street Address _____	Publish? <input type="checkbox"/> YES <input type="checkbox"/> NO
City _____	State _____ Zip _____
Phone _____	Fax _____
Website _____	Email _____
Category of Business _____	# of Employees _____
Description of Business _____ _____	
Owner _____	
Main Contact/Title _____	

Signed _____

Date _____

Payment Attached

Please Charge my Credit Card
(we accept VISA, MC, DISC, AMEX)

Name on Card _____

Card # _____

Exp Date _____

Signature _____

Associate Membership Dues * \$100/yr

** Businesses located outside of Bend and must be a member of
your local Chamber of Commerce*

Local Chamber & Phone: _____

Agent/Agency & Phone: _____