



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 Deschutes, Jefferson or Crook Counties*

Associate Members Receive:

Monthly Business Journal, Annual Preferred Business Guide and Listing on Bend Chamber's Web Site

Office Use ONLY

Associate Chamber: _____

Zone: _____

Paid: _____