



Membership Application & Agreement for 2018

WINSTON AREA CHAMBER OF COMMERCE

PO Box 68
Winston, OR 97496
info@winstonchamber.org

Membership Year is January 1, 2018 through December 31, 2018. Fees due by March 15, 2018 to maintain current membership.

**The annual membership fee is based on number of employees. Please see chart below.
Please complete the requested information and return form with payment.
Accurate information is essential to help us promote your business.**

Business Name: _____ Business Phone: (____) - ____ - ____ Primary

Member's Name: _____ Other Phone: (____) - ____ - ____

Secondary Member's Name: _____ Fax Number: (____) - ____ - ____

Mailing Address: _____

Physical Address (if different): _____

Primary Email address: _____

Website Address: _____

Type of Business: _____

Please (check) the category of membership for you.

- \$50.00 Non-Business Individual or Couple
- \$60.00 A business with 1-10 employees
- \$100.00 a business with 11 or more employees
- \$50.00 Business Card and/or Logo Advertisement in one or all of the following (Newsletter, Website, and/or Chamber Brochure).

Dues Enclosed: \$ _____

Newsletter Ad: \$ _____

Student Scholarship Fund (Scholarship payable to school of student's choice upon enrollment): \$ _____

Total Enclosed: \$ _____

*Please make checks payable to: Winston Area Chamber of Commerce
Dues are payable on January 1st and are delinquent after March 15th.
New members joining between July 1st and October 1st will pay half of the years dues.
Any full year's dues paid after November 1st shall cover the following calendar year.
Until dues are paid a member may not vote, hold office, or be considered a member in good standing.
Memberships are automatically cancelled if dues are not paid by March 15th. The board has the right to waive any or all dues.*

Terms of Agreement and Membership

Please initial by all that are applicable

_____ If you'd like to receive notices of a Business After Hours.

_____ I hereby permit the Winston Chamber of Commerce to give other members my mailing address.

By signing this application and agreement you state that you understand the terms and conditions of it. You agree to pay the dues of membership as they apply to you the member. You also agree that you understand what is expected of both the Chamber of Commerce and the member of it.

Signature of Individual or Business Owner and/or Representative

Date