



Membership Application & Agreement for 2017

WINSTON AREA CHAMBER OF COMMERCE

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

Membership Year is January 1, 2017 through December 31, 2017. Fees due by March 31, 2016 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.
If you joined after November 1st, you are also a member in the upcoming year.
Also if you join between July 1st and October 31st dues are reduced 50% for the current year.*

Terms of Agreement and Membership

Please initial by all that are applicable

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

_____ If you would like to receive your newsletter and other mailings via email.

_____ 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