



2019 Membership Application

New Member Membership Renewal Information Update

Company Name _____

Address _____

Mailing Address if different _____

Contact Person _____ Owner _____

Telephone # _____ Fax# _____

Email address _____ Alternate _____

WEB site _____

Business Description _____

Membership Rates

___ Basic Business rate.....\$125.00*

+

___ Government & Public institutions.....\$125.00*

___ Utilities & Financial Institutions.....\$125.00*

___ Non-profit\$85.00

___ Individuals.....\$65.00

Office Use Only Reviewed by Board Approved Declined _____ Initial of Board Member

Payment Method: Check # _____ Credit Card Pay Pal Other _____

Amount Pd: \$ _____ Date Rec'd: _____ (**Renewal Date***) Plaque/Sticker Sent: _____

* Your renewal date will fall on the date 1 year from your initial application date.

Update: Constant Contact MS Outlook Facebook Web Page Directory Newsletter Thank You

Thank You for supporting your Toledo Chamber of Commerce

PO Box 249 ~ 311 NE 1st Street, Toledo, OR 97391

541-336-3183 director@toledooregon.org

Hours: T-W-Th 12-4pm