



WALDPOR CHAMBER OF COMMERCE
PO Box 669
Waldport, OR 97394

MEMBERSHIP BENEFITS

ADVERTISING & MARKETING OPPORTUNITIES

- Area Map
 - Business Luncheons
 - Business Referrals
 - Committees
 - Direct Mail Advertisements
 - Information Display
 - Internet Exposure
 - Membership Directory
 - Newsletter
 - Sponsored Annual Events
- USE YOUR CHAMBER!**
- Tax Deductible Dues,
 - Your Promotional Materials in the Chamber Lobby,
 - Annual Banquet.

**FOLLOW US ON
FACEBOOK**

Community Is Our Business!

PLACE
STAMP
HERE

WALDPOR CHAMBER OF COMMERCE



MEMBERSHIP



WALDPOR
CHAMBER OF COMMERCE
PO Box 669
320 NW Hwy 101
WALDPOR, OR 97394
PHONE: 541-563-2133
FAX: 541-563-6326
E-MAIL: CHAMBER@PEAK.ORG
WWW.WALDPOR-CHAMBER.COM

FEE SCHEDULE



MEMBERSHIP APPLICATION

Business Types **Rate \$** 100.00

- Accounting, Bookkeeping & Financial
- Banks & Mortgage Companies
- Business Services
- Construction/Restoration
- Education
- Entertainment
- Escrow, Insurance & Title Companies
- Financial/Insurance
- Government
- Health Services
- Legal Services
- Lodging
- News & information
- Personal Services
- Real Estate
- Restaurants
- Retail Services
- Utilities

(Select desired listings from above for the website)

- Charitable & Fraternal** (Churches & Organizations) 45.00
- Associate Member** (retired or non business persons) 45.00
- Visitor Center Volunteer (non-business owners)** 0.00

A \$15.00 initial processing/ enrollment fee will be charged to all New/ Returning Members.

Membership dues include a subscription to the *Waldport Chamber of Commerce Tidelines*, our quarterly newsletter, membership directory & website listing.



Circle One:

NEW/RE-AFFILIATE or RENEWAL

Please thoroughly complete the following information. The information you supply will be used for official records, Membership Directory, Chamber publications & Website.

Firm Name _____

Contact Person _____

Title _____

Informal Name Preference _____

Business Classification (please see FEE SCHEDULE)

Street Address _____

Mailing Address (if different) _____

Telephone Number (s) _____

Fax _____

Email _____

Web Site _____

Facebook _____

Twitter _____

of Employees (Include Owners) _____

Year Established _____

Owner Name (if different than Contact Person):

Address _____

Phone _____

Reason for joining: _____

_____ (optional)

Please place my name & company on the Internet as part of the Waldport Chamber's web page at no charge to me:

Yes ~ ~ No

Please describe your business in 50 words or less:

Annual Dues	\$ _____
Processing Fee (\$15.00) <i>(New or Re-affiliate Members Only)</i>	\$ _____
Total Membership Fee	\$ _____

**Fiscal Year is July 1st to June 30th.
Dues are prorated per application date.**

I/we would like to become a member of the Waldport Chamber of Commerce and invest in the economic future of our community.

Payment is attached.

Membership will commence upon receipt of dues payment and will be renewable annually each July 1st.

Signature _____

Date ____/____/____