



Membership Application Klamath County Chamber of Commerce

The information you provide about your business will be used in the Chamber's Business Directory, website and databases. Consumers who wish to do business with you rely on us to provide them with accurate information. **PLEASE TYPE OR PRINT CLEARLY TO ENSURE THAT YOUR INFORMATION IS LISTED CORRECTLY.**

Business Name: _____ **Date:** _____

Primary Representative: _____ **Representative's Title:** _____

Number of Employees: _____ **Business/Organization Type:** _____

Address: _____

Billing Address (if different): _____

Phone: _____ **Cell:** _____ **Fax:** _____ 24 Hour Fax

Day Only Fax

E-Mail Address: _____ **Website Address:** _____

Program Participation

Please tell me more about the following:

Legislative Issues

Community Image & Marketing

Business Retention & Expansion

Educational Forums & Seminars

Leadership Programs

Ambassadors & Greeters

Business Listing & Description

Detailed description of your business (up to 45 words) industry category listing, which will be used to classify your business in our directory, databases and website*): _____

Complimentary Category: _____ ***Optional Category:** _____

***Optional Category:** _____ ***Optional Category:** _____

Application is made for a membership in the Klamath County Chamber of Commerce. I understand that upon acceptance of this application, a yearly membership agreement shall begin. I further understand that at the end of the first year commitment (and each subsequent year thereafter) my yearly membership will be renewed automatically. I understand that all accounts are billed on an annual basis unless special billing arrangements are made at the time of application. Special billing arrangements do not nullify the full one-year commitment and agreement.

ANNUAL MEMBERSHIP FEE \$ _____

SEMI-ANNUAL MEMBERSHIP FEE \$ _____ (Annual fee by 2 plus \$5.00 per billing cycle)

ONE TIME NEW MEMBER PROCESSING FEE \$ 25.00

OPTIONAL CATEGORY LISTINGS* \$ _____ (\$25.00 each up to 3)

TOTAL AMOUNT DUE \$ _____

Method of Payment:

Check # _____ Cash Credit Card # _____ Exp. Date: _____
(Visa or M/C only)

Signature of Applicant: _____
(Signature verifies applicant has read & fully understands this application and all of the information contained herein.)

Signature of Chamber Membership Representative: _____

FOR OFFICE USE ONLY

Klamath County Chamber of Commerce, 203 Riverside Drive, Klamath Falls, OR 97601

DTB _____
BB _____
BRCHR _____

E-MAIL _____
LISTS _____
OTHER _____

QKBKS _____
PLQ _____
WINFAX _____

WEB _____
PACKET _____