

WALDPORT 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.

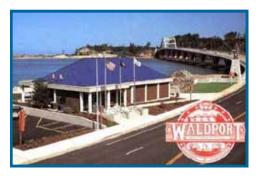
FOLLOW US ON FACEBOOK

Community Is Our Business!

WALDPORT CHAMBER OF COMMERCE



MEMBERSHIP



WALDPORT
CHAMBER OF COMMERCE
PO BOX 669
320 NW HWY 101
WALDPORT, OR 97394
PHONE: 541-563-2133
FAX: 541-563-6326

E-MAIL: CHAMBER@PEAK.ORG WWW.WALDPORT-CHAMBER.COM

PLACE STAMP HERE

FEE SCHEDULE

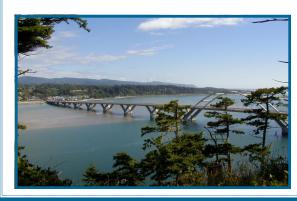
WALDPORTS

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 <i>Wald</i>	dport	
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 w	vords or less:
Annual Dues	\$
Processing Fee (\$15.00) (New or Re-affiliate Members Only	\$ S
Total Membership Fee	Ψ

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 _____/_____