



## Associate Membership Application

Company \_\_\_\_\_

Owner \_\_\_\_\_ Owner Email \_\_\_\_\_

Main Contact \_\_\_\_\_ Title \_\_\_\_\_

Main Contact Email \_\_\_\_\_

County \_\_\_\_\_ Publish?  Yes  No

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Website \_\_\_\_\_ Business Category \_\_\_\_\_

Business Description \_\_\_\_\_

\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Payment attached** Check # \_\_\_\_\_  
 Mail checks to: Bend Chamber,  
 1567 SW Chandler Ave., Suite 204, Bend, OR 97702

**Please charge my credit card** (we accept Visa,  
 MC, Discover, Amex)

Name on Card \_\_\_\_\_

Card # \_\_\_\_\_

3-Digit Security Code \_\_\_\_\_

Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

Associate Membership Dues\* \$150/yr.

*\*Businesses located outside of Bend and must be a member of your local Chamber of Commerce.*

Effective Date of Health Plan \_\_\_\_\_

Local Chamber & Phone \_\_\_\_\_

\_\_\_\_\_

Agency/Agent & Phone \_\_\_\_\_

\_\_\_\_\_

- Membership Investment dues are non-refundable. 100% of your investment is usually deductible as a business expense.
- Membership will automatically renew each year unless we receive a request to drop the membership or health insurance is dropped.
- Membership may be terminated or denied for reasons including, but not limited to:
  - Failure to pay investment dues within 60 days of billing and/or any outstanding obligation due to the Chamber.
  - Acts which are deemed by the Chamber as inappropriate business practices or result in the conviction of a felony.