



Klamath County

CHAMBER OF COMMERCE

Lead. Connect. Advocate.

Membership Application

PLEASE TYPE OR PRINT CLEARLY TO ENSURE THAT YOUR INFORMATION IS LISTED CORRECTLY.

The following information will be used for Chamber staff purposes (i.e. billing, communications, etc)

Business Name: _____ Date: _____
 Primary Representative: _____ Representative's Title: _____
 Number of Employees: _____ Business/Organization Type: _____
 Address: _____
 Billing Address (if different): _____
 Phone: _____ Cell: _____ Fax: _____
 Primary E-Mail Address: _____ Check here if you'd like to receive your invoices via email

The Chamber periodically sends out information regarding upcoming events, promotions, and other member-related topics. Who in your organization should receive these (list as many as necessary):

Name: _____ Email Address: _____
 Name: _____ Email Address: _____
 Name: _____ Email Address: _____

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	\$ 50.00	
TOTAL AMOUNT DUE	\$ _____	

Method of Payment:
 Check # _____ Cash Credit Card (Circle Type: Am Ex Visa MC Discover) Bill Me

Card # _____ Exp. Date: _____ Name on Card: _____
 CVV Code (on back): _____ Billing zip code: _____

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

Please complete both sides.

Business Directory and Website Listing

Please complete the following as you wish it to appear online in the Chamber's directory.

Business Name (if different than above): _____

Address: _____

Phone: _____ **Cell:** _____ **Fax:** _____

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

Twitter Name (if any): _____ **Facebook Business Page (if any):** _____

Hours of Operation: _____

Detailed description of your business: _____

Category 1: _____ **Optional Category:** _____

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

*Please return to: Klamath County Chamber of Commerce, 205 Riverside Drive Suite A, Klamath Falls, OR 97601
Office: 541.884.5193 Fax: 541.884.5195*