



# 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

Primary E-Mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_

### 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)

Check here if you'd like to receive your invoices via email

Signature of Applicant: \_\_\_\_\_

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

Signature of Chamber Membership Representative: \_\_\_\_\_