



PO Box 8275  
Coburg, OR 97408

## Membership Application

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Include in  
Online Listing?

Business Name: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Business Address: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

\_\_\_\_\_  
Mailing Address (if different): \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

\_\_\_\_\_  
Business Web Site: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Business General Email: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Primary Contact Person: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Primary Contact Phone #: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Primary Contact e-mail #: \_\_\_\_\_

Key employees you would like involved with the Chamber:

Name: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Phone: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Phone: \_\_\_\_\_ Yes:\_\_\_ No:\_\_\_

Email: \_\_\_\_\_

Annual Dues:     \$100 – Business (all memberships renew January 1)

                  \$ 50 – Individual

Amount Enclosed: \$ \_\_\_\_\_ Date: \_\_\_\_\_

*Please make checks payable to: Coburg Chamber of Commerce*

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_