



MEMBERSHIP APPLICATION

Business Name _____

Business Address (PUBLISHED) _____

Mailing Address (if different) _____

Phone _____ Cell Phone _____ Fax _____

Email _____ Website _____

Primary Contact Name _____ Title _____

Phone _____ Email _____

Billing Contact Name _____ Title _____

Phone _____ Email _____

Owners Name _____ Title _____

Phone _____ Email _____

Social Media: FaceBook Name: _____ Instagram: @ _____

BUSINESS PROFILE

Category Listing _____ Total Full Time Employees _____

Total Part Time Employees _____ Year Business Established _____

METHOD OF PAYMENT

Membership Investment \$ _____ + One-Time Processing Fee **\$45.00** = Total Amount Due \$ _____

Please make Check payable to: Gresham Area Chamber of Commerce

Please charge my credit/debit card: MasterCard Visa

Card # _____ Expiration Date _____

CCV Code _____ Billing Zip Code _____

Name as it appears on credit card _____

Signature _____ Date _____

Please return this application via mail to: 1005 N Main Avenue, Suite 101, Gresham, OR 97030
or email to gacc@greshamchamber.org or fax to 503-666-1041

The Membership Investment in the Gresham Area Chamber of Commerce is non-refundable. Membership Investment in the Gresham Area Chamber of Commerce is not deductible as a charitable contribution, but may be deducted as an ordinary and necessary business expense.