

## MEMBERSHIP APPLICATION

Business Name \_\_\_\_\_

Business Address (PUBLISHED) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

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

Email \_\_\_\_\_ Website \_\_\_\_\_

**Primary Contact Name** \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Owners Name** \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Billing Contact Name** \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please circle preferred billing method:    Email    Standard Mail    Both

### 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](mailto:gacc@greshamchamber.org) or fax to 503-666-1041