



PO BOX 765 Pilot Rock, Oregon 97868

MEMBERSHIP APPLICATION

BUSINESS NAME

OWNER/MANAGER

MAILING ADDRESS

STREET ADDRESS

CITY

STATE

ZIP

PHONE #

FAX #

EMAIL

WEBSITE

BUSINESS CLASSIFICATION(S)

MAY WE EMAIL THE CHAMBER NEWSLETTER TO YOU TO SAVE POSTAGE & PRINTING?

NUMBER OF YEARS ESTABLISHED

NUMBER OF EMPLOYEES

ANNUAL MEMBERSHIP DUES \$

(SEE REVERSE FOR DUES SCHEDULE)

WHAT DO YOU HOPE TO ACCOMPLISH BY JOINING THE CHAMBER THIS YEAR?

SIGNATURE

DATE

PLEASE COMPLETE THIS FORM AND RETURN TO:

**PILOT ROCK CHAMBER OF COMMERCE
PO BOX 765
PILOT ROCK, OR 97868
www.pilotrockchamber.com**

For Office Use

New _____ Renewal _____ Date Paid _____ Check# _____

Business List _____ Membership List _____ Weekly Fax _____

Date Member Certificate Sent _____