



MEMBERSHIP APPLICATION

585 Greenwood Street, Junction City, OR 97448
541.998.6154 Fax 541.998.1037
www.jch-chamber.org
info@jch-chamber.org

CHAMBER OF COMMERCE

Please type or print clearly to ensure that your information is listed correctly

Business Name _____

Contact _____ Title _____

Street Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Phone _____ Fax _____

Website _____ Email _____

Additional contacts _____

Program Participation

Are you interested in participating in any of the following committees of the Chamber?

- Greeters Festival Booth
 Golf Tournament Light Parades
 Annual Meeting Auction & Dinner
 Distinguished Service Awards Banquet

Annual Membership Dues

0 – 5 Employees	\$155
6 – 10 Employees	\$230
11 – 20 Employees	\$305
21 – 30 Employees	\$405
31 – 50 Employees	\$505
50 – 100 Employees	\$605
101+ Employees	\$705
Individual (non-business listing)	\$100
Non-Profits	\$100

Payment Information

Payment Method: Cash Check Visa MC

Membership Dues (see above) \$ _____

Credit Card # _____

Expiration Date: _____

Cardholder Name _____

Signature _____

Business Description

Please attach a brief business description (printed or typed clearly in 45 words or less). Your description will be used for the Chamber's database and for the New Member section in the Chamber News publication that is distributed to the membership. Your description must be returned to the Chamber no later than the 20th of the month to be included in the next issue of Chamber News.

What year was your business established? _____

Full-time Employees _____ Part-time _____

Why are you joining the Junction City-Harrisburg Chamber of Commerce?

- Networking Community Involvement
 Business Advocacy Community Support

What do you expect membership to do for your business?

Pledge/Communication:

I/We support the Junction City-Harrisburg Chamber of Commerce mission to make our communities a great place to live, work, play and shop.

I authorize the Chamber to communicate with me by fax and email regarding chamber events. Opt Out

Authorized Signature

Received _____ Source _____

Approved _____