



Greater Dufur Area Chamber of Commerce

Membership Application Form

Please provide the following information:

Name: (How you want to be listed) _____
Street Address: _____
Mailing Address: _____
Contact Person: _____ Title: _____
Alternate Contact: _____ Title: _____
Phone: _____ Website: _____
E-mail: _____ Fax: _____

Annual Rates:

_____ **\$60.00 Business**
_____ **\$36.00 Home/Web Business**
_____ **\$24.00 Non Profit or Civic Member**

Dues are payable at time of membership acceptance and will be amortized from the beginning of the calendar year for first time members. Otherwise dues renewal will be each January.

Description of your Business/Organization: (30 words or less)

Signature: _____

Today's Date: _____

Your written application will be reviewed at the next Greater Dufur Area Chamber of Commerce meeting. Membership will begin upon acceptance of the application and payment of dues.

Mail Application to:

Greater Dufur Chamber of Commerce
P.O. Box 402
Dufur, OR 97021

If you have questions contact a board member.
Applications can be printed at: www.Dufur.Org