

Membership Application Form

Gold Beach Chamber of Commerce

Business/Organization Name: _____

Contact Person: _____

Title: _____

Type of Business: _____

Physical Address: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email Address: _____

Website: _____

Signature: _____

Tell us about your business: (feel free to attach an extra page or brochure)

Choose up to 3 categories for your listing on the Chamber of Commerce website:

Annual Membership Fee for 2018: January 1-December 31

1-4	Employees	\$25.00
5-24	Employees	\$50.00
25+	Employees	\$100.00

Please mail checks and 3 business cards to:

Gold Beach Chamber of Commerce, PO Box 489, Gold Beach, OR 97444

www.goldbeachchamber.com