

# 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 2020: January 1-December 31

Individual Supporter:	\$25.00	1-5 Employees	\$50.00
6-10 Employees	\$75.00	11-20 Employees	\$100.00
21+ Employees	\$200.00		

Please mail checks and 3 business cards to:

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

[www.goldbeachchamber.com](http://www.goldbeachchamber.com)