

North Plains Chamber of Commerce

PO Box 152

North Plains, OR 97133

2007 Application

Business Name: _____

Type of Business: _____

Contact Person: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: (if different) _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax: _____

E-mail: _____

Website: _____

Please add 3 keywords (or phrases) that relate to your business. We will link those words to our website, so that anyone searching those words will learn about your business through the Chamber.

1. _____ 2. _____ 3. _____

There is a one time set up fee of \$25.00 for new members

Business Member: \$100.00 _____

Individual Member: \$25.00 _____

TOTAL DUES....\$ _____

Important: Would you like your meeting minutes, agendas or any other Chamber information sent to you through the US mail ____ or E-mail _____

Chamber information is also available on our website
www.northplainschamberofcommerce.org

If you have any questions, please contact Patti Burns 503-647-2619

Please return by 3/1/07