



“The mission of the Eagle Point Chamber of Commerce is to assist, promote, support, and attract business to Eagle Point & the Upper Rogue Communities and surrounding area and to encourage economic development”

EAGLE POINT & UPPER ROGUE CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

TYPE OF MEMBERSHIP

- Business
- Individual

INDIVIDUAL or NON-PROFIT MEMBERSHIP DUES

- \$50

MEMBERSHIP FEES BASED ON SLIDING SCALE

Number of Employees

- 1-2 \$50
- 3-10 \$75
- 11-25 \$100
- 26-100 \$150
- Over 100 \$200

APPLICANT INFORMATION

REPRESENTATIVE NAME: _____

BUSINESS NAME: _____

POSITION/TITLE: _____

CATEGORY: _____

HOME

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

BUSINESS

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

WEBSITE ADDRESS: _____

QUESTIONNAIRE

HOW DID YOU BECOME INTERESTED IN THE CHAMBER: _____

WHAT AREA WOULD YOU BE INTERESTED IN?

- ADVERTISING ON OUR CHAMBER WEBSITE
- LINKS FROM OUR CHAMBER WEBSITE
- PARTICIPATING ON OUR CHAMBER COMMITTEES:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> BYLAWS | <input type="checkbox"/> NEWSLETTER |
| <input type="checkbox"/> MEMBERSHIP | <input type="checkbox"/> GREETERS |
| <input type="checkbox"/> BUDGET | <input type="checkbox"/> AMBASSADORS |
| <input type="checkbox"/> ECONOMIC DEVELOPMENT | <input type="checkbox"/> YOUTH |
| <input type="checkbox"/> WEBSITE | <input type="checkbox"/> FLAG |

RUNNING FOR CHAMBER OFFICE
 POSITION: _____

OTHER: _____

PLEDGE TO THE CHAMBER

By submitting this application, I pledge my interest in, and sympathy with, the purposes of the Eagle Point & Upper Rogue Chamber of Commerce. I also pledge my adherence to the by-laws and mission statement and pledge attendance/representation at a minimum of three (3) monthly meetings and active participation in the programs adopted by the chamber.

SIGNATURE: _____

RETURN APPLICATION TO:
 EAGLE POINT & UPPER ROGUE CHAMBER OF COMMERCE
 P.O. BOX 1539
 EAGLE POINT, OR 97524
 (541) 826-6945
www.eaglepointchamber.org

FOR OFFICE USE ONLY

PAYMENT METHOD: _____ AMOUNT PAID: _____
 CHECK #: _____ DATE RECEIVED: _____

Received by: _____

Voted into membership by Board of Directors

 Membership Chairman

Dated: _____