



Membership Form

PO Box 29 Weston, Oregon 97886

Contact Phone: 541-566-3737

www.WestonChamberofCommerce.com

Date: _____

Yes! I want to help build a better Weston!

Name: _____

Phone: _____

Business Name: _____

Business Phone: _____

Mailing Address: _____

Contact: _____

City: _____ State: _____ Zip: _____

Contact Phone: _____ ext _____

Physical Address: _____

Type of Business: _____

City: _____ State: _____ Zip: _____

Number of Employees _____

Who else in your organization should receive our mailings? _____

Email: _____

Website: _____

Type of Membership

General

Business

Industrial

Please Circle One and Remit

\$5.00

\$15.00

\$25.00

Dues to Address Above

Please help us by furnishing the following information:

Include Name in Membership Directory? Yes No

Include Business Listing on Chamber web site? (Please Attach info on business) Yes No

Willing to serve on committee: Yes No

Willing to serve on Board: Yes No

On which committee(s) would you like to serve? _____

As a new Chamber member, is there a person or business you would recommend we contact for membership? _____

Please provide a 10-15 word description of your product/services: _____

NOTE: Dues are payable annual unless canceled in writing. They may be tax deductible as an ordinary and necessary business expense. The Weston Chamber of Commerce is not a charity but serves as an advocate organization for businesses.