



Beaverton Area Chamber of Commerce—Membership Application

Date of Application		Referring Member	
Company Name			# of Employees
Main Phone #	Fax #	Toll Free #	
Email	Permission to Email and/or Fax (sign here)		
Main Contact Name / Title	Email	Phone	
Mailing Address	City	State	Zip
Physical Address (if different)	City	State	Zip
Billing Address (if different)	City	State	Zip

membership investment—Service levels to meet all business plan needs.

- Silver = \$325 Gold = \$500
 Platinum = \$675 Diamond = \$950
 Mission = \$2,000+

BACC Name Badge = \$10 Yes No

Name on Badge _____

BACC Pin = \$5 Yes No

BACC Screen Wipe = \$3 Yes No

BACC Mug = \$12 Yes No

Membership Level Investment	\$ _____
One-time processing fee*	\$45.00
BACC Name Badge	\$10.00 (Optional)
BACC Pin	\$5.00 (Optional)
BACC Screen Wipe	\$3.00 (Optional)
BACC Mug	\$12.00 (Optional)
Total	\$ _____

method of payment

- Visa/MasterCard American Express Check (made payable to Beaverton Area Chamber of Commerce) Monthly

Credit Card #	Expiration Date	Email
Card Holder's Name	Authorized Signature	Date
Credit Card Billing Address (if different)	City	State Zip

**If you would like to pay your membership monthly, please include the Monthly Payment Plan Application with this application.

Fill out the back side of this form to complete your application!

Send Form with payment to: 503.644.0123 main
 Beaverton Area Chamber of Commerce 503.526.0349 fax
 12600 SW Crescent Street, Suite 160 www.beaverton.org
 Beaverton, OR 97005-1600 info@beaverton.org

Office Use Only	<input type="checkbox"/> Payment Received _____
	<input type="checkbox"/> Constant Contact _____
	<input type="checkbox"/> Spreadsheet _____
	<input type="checkbox"/> Follow-up _____
	<input type="checkbox"/> Proc. Fee Donation _____
	<input type="checkbox"/> Name Badge Order _____
<input type="checkbox"/> Packet Sent _____	

online and print directory presence

Would you like your address to appear in our directories?

Printed Directory [] Yes [] No Which address should appear? (circle one) Mailing Physical Billing
Online Directory [] Yes [] No Which address should appear? (circle one) Mailing Physical Billing

Additional Contact #1 (online directory) Email Phone

Additional Contact #2 (online directory) Email Phone

Website URL _____

Twitter URL (Gold Level and Up) _____

Facebook URL (Gold Level and Up) _____

LinkedIn URL (Gold Level and Up) _____

Main Business Category (Hospitality, Construction, etc.) _____

Additional Business Categories (Gold & Platinum=1, Diamond=2, Mission=3) _____

Searchable Online Keywords (Silver=2, Gold=3, Platinum=3, Diamond & Mission=4) _____

Additional Items to be Emailed to info@beaverton.org

Silver Level and Up: 40 word company profile placed in weekly eBeat Newsletter

Gold Level and Up: one JPG logo file, business portraits of contacts, and a 100 word company description for online directory

connecting with the beaverton chamber

I give the Beaverton Area Chamber of Commerce permission to *(check all that apply)*

- Add me to the email list to receive the eNews.
- Add me to the Beaverton Chamber LinkedIn Group.
- Add me to the Beaverton Chamber Facebook Group.

Print Name Email Address

Signature Date