



# Beaverton Area Chamber of Commerce—Partnership Application

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
Referring Partner

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
# of Employees

\_\_\_\_\_  
Main Phone #

\_\_\_\_\_  
Email

\_\_\_\_\_  
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

## partnership investment—Service levels to meet all business plan needs.

Community = \$35/Mo (\$420 Annually)

Power = \$60/Mo (\$720 Annually)

Premier = \$100/Mo (\$1,200 Annually)

Visionary Partner = \$225/Mo (\$2,700 Annually)

Company Name Badge \$10 (optional)

Partnership Level Investment \$ \_\_\_\_\_

Company Name Badge (optional) \$ \_\_\_\_\_

One-time processing fee \$45.00

**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 partnership monthly, please include the Monthly Payment Plan Application.

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

Send Form with payment to:  
Beaverton Area Chamber of Commerce  
12600 SW Crescent Street, Suite 160  
Beaverton, OR 97005-1600

503.644.0123 main  
503.526.0349 fax  
www.beaverton.org  
[membership@beaverton.org](mailto:membership@beaverton.org)

**Office Use Only**

Payment Received \_\_\_\_\_

Constant Contact \_\_\_\_\_

Spreadsheet \_\_\_\_\_

Follow-up \_\_\_\_\_

## 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

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Additional Contact #1 (online directory) Email Phone

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Additional Contact #2 (online directory) Email Phone

Website URL \_\_\_\_\_

Twitter URL \_\_\_\_\_

Facebook URL \_\_\_\_\_

LinkedIn URL \_\_\_\_\_

Main Business Category (Hospitality, Construction, etc.) \_\_\_\_\_

Additional Business Categories (Power=1, Premier=2, Visionary=3) \_\_\_\_\_

Searchable Online Keywords (Community=2, Power=3, Premier & Visionary=4) \_\_\_\_\_

## connecting with the Beaverton chamber

[ ] I give the Beaverton Area Chamber of Commerce permission to email me and add me to the email list to receive the eNews.

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Print Name Email Address

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Signature Date

### *To receive ongoing social media communication:*

Please **“follow”** the Beaverton Chamber LinkedIn group - [linkedin.com/groups/947487](https://www.linkedin.com/groups/947487)

Please **“like”** the Beaverton Chamber Facebook Page – [facebook.com/BeavertonChamber](https://www.facebook.com/BeavertonChamber)

Please **“follow”** the Beaverton Chamber Twitter Page – [twitter.com/BeavtonChamber](https://twitter.com/BeavtonChamber) or @BeavtonChamber

Please **“follow”** the Beaverton Chamber Periscope Page - @BeavtonChamber