

# MEMBERSHIP APPLICATION

Send to: MF Chamber of Commerce, 157 S Columbia, Milton-Freewater, OR 97862

To the Chamber of Commerce Board of Directors

We accept the challenge to make the Milton-Freewater area a better place to do business and a better place to live. In doing so, we subscribe \$\_\_\_\_\_ as our annual investment in the category of \_\_\_\_\_ (refer to investment schedule).

Membership Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E:Mail Address \_\_\_\_\_ Website Address \_\_\_\_\_

Business Principal Person \_\_\_\_\_ Title \_\_\_\_\_

2<sup>nd</sup> Key Member \_\_\_\_\_ Title \_\_\_\_\_

Number of Employees \_\_\_\_\_ How long have you been in business? \_\_\_\_\_

I/We have a vital interest in the mission of the Chamber of Milton-Freewater to enhance and promote economic vitality and quality of life in our community.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please write a brief description of you/your business or organization. This information will be used in our "New Members" section of the Chamber Newsletter and our referral system. If more space is needed, please use additional paper.

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What do you hope your Chamber will do for you?

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Many committees are already working for you. In which areas could you participate and assist?

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| <input type="checkbox"/> Legislative/Government   | <input type="checkbox"/> Special Events            |
| <input type="checkbox"/> Tourism                  | <input type="checkbox"/> Agriculture               |
| <input type="checkbox"/> Muddy Frogwater Festival | <input type="checkbox"/> Business Enhancement      |
| <input type="checkbox"/> Membership               | <input type="checkbox"/> Economic Development      |
| <input type="checkbox"/> Marketing                | <input type="checkbox"/> Workshops/Seminars        |
| <input type="checkbox"/> Logs to Frogs Festival   | <input type="checkbox"/> Cinco de Mayo Celebration |