

MEMBERSHIP LEVELS

BENEFITS OF MEMBERSHIP	Associate Member	Business Partner	Premier Partner	Distinguished Partner	Corporate Underwriter
<i>Annual Investment</i>	\$125	\$225	\$500	\$2,500	\$10,000
COMMUNITY AND NETWORK DEVELOPMENT					
Access to regularly-scheduled networking opportunities	X	X	X	X	X
Educational seminars	X	X	X	X	X
Volunteer opportunities on Chamber committees	X	X	X	X	X
Access to Chamber Mentor Program		X	X	X	X
Ribbon cutting and/or milestone celebration event support services	X	X	X	X	X
Lunch on us at Noon Forum					X
Noon Forum lunch sponsor - 5 Minute promotion of your business or event				X	X
SPONSORSHIP AND PROMOTION					
Listing in Chamber business directory	X	X	X	X	X
Member-only visitor/customer referrals to YOUR business	X	X	X	X	X
Use of Chamber bulk-mail rates, address lists, relocation requests	X	X	X	X	X
Enhance your business name with "member of" logo on your website and business directory	X	X	X	X	X
Use any Chamber festival logo for your own marketing	X	X	X	X	X
Host Business After Hours- with Chamber promotion			X	X	X
Banner with your company name for Rhody Days Grand Floral Parade, KCST on-air recognition and interview on parade day.				X	X
Option to include flyers in the mailed Visitor and Relocation Packets				X	X
Display advertising in select Festival Programs Siuslaw News)			X		
Radio spots for festival advertising campaigns on KCST			X	X	X
Listing in monthly Business Beat in the Siuslaw News				X	X
Sponsor recognition for annual events (Rhododendron Festival, Independence Day, Rods 'N Rhodies, Siuslaw Awards, Chowder & Wine Festival)				X	X
Exclusive member-only brochure or business cards in Visitors Center	X	X	X	X	X
Rotating static slide on video in Visitors Center				X	X
CHAMBER WEBSITE & MEMBERSHIP DIRECTORY					
Listing and your web link on Chamber website under specific category	X	X	X	X	X
Rotating recognition on Chamber website and link to your website				X	X
Rotating logo on the hero image on home page of Chamber website					X
Subscription and opportunity to promote company news in weekly E-blast and monthly Business Beat	X	X	X	X	X
Social media boosts on facebook			X	X	X
Spotlight your business on the Chamber's facebook, twitter and instagram posts with links to your website.			X	X	X
2 category listings in print and online directories			X		
5 category listings in print and online directories				X	
Unlimited category listings in print and online Business Directory					X
Enhanced listing in Business Directory			X	X	X
1/3 page ad in Business Directory				X	
Full-page ad on back page or inside cover of printed Business Directory					X
EVENTS					
2 complimentary tickets to the Rhododendron Festival Coronation				X	X
4 complimentary tickets to Siuslaw Awards				X	
8 complimentary tickets to Siuslaw Awards					X
VALUE TO ANNUAL INVESTMENT (See Above)	\$750+	\$800+	\$1600+	\$7500+	\$18000+

2018/2019 MEMBERSHIP APPLICATION

Your membership information is posted to our online member directory on our website.
Please provide the information you request to be posted for the general public:

Company Name _____
Physical Address: _____
City, State & Zip: _____
Mailing Address: (if different from physical address) _____
City, State & Zip: _____
Main Company Phone Number: _____ Main Fax Number: _____
Email: _____ Company Website: _____
Business Category/Brief Description of your company _____

For person completing this form:

Today's Date _____ Membership Contact Name _____
Membership Contact Email Address _____ Membership Contact Cell Number _____
Areas of interest: Marketing Events Technology Education Advocacy

We would like to join as a:

- | | |
|--|--|
| <input type="checkbox"/> Associate/Non-Profit \$125 | <input type="checkbox"/> Distinguished Sponsor \$2,500 |
| <input type="checkbox"/> Business Partner \$225 | <input type="checkbox"/> Corporate Underwriter \$10,000 |
| <input type="checkbox"/> Premier Partner \$500 | <input type="checkbox"/> ACH monthly payments \$20 |

Additional Business Partner \$100/Premier Partner \$250 Name: _____

Additional Directory/Website Category \$25 each Category _____

If joining mid-year, we are happy to pro-rate your dues for the remainder of the year. TOTAL = \$% _____

Please indicate one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Check included | <input type="checkbox"/> Bill Me (Premier & Above) |
| <input type="checkbox"/> Paying by credit card | <input type="checkbox"/> Set up quarterly dues payment (Distinguished & Above) |

We take Discover, MasterCard, and Visa

Please note your membership is not active until receipt of a dues payment.

**Download the application online at www.florencechamber.org
or mail this form to 290 Highway 101 Florence OR 97439.
For information contact 541-997-3128 or email info@florencechamber.com**





Recurring Payment Authorization & Agreement Form

This agreement is between the Florence Area Chamber of Commerce (FACC) and

_____ for payment of annual FACC Business Partner membership dues. I agree to pay first and last payment (\$40) included here, to initiate this agreement with monthly payments of \$20 to be electronically transferred from my bank account on or around the 15th of each month for a minimum of 10 months.
_____ Initial

I understand that my membership will automatically renew if I don't cancel by written notice 30 days prior to the one year anniversary of this agreement. _____ Initial

A receipt for each payment will be emailed to you from FACC and the charge will appear on your bank statement as an "ACH Debit." You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected. In the case of an ACH Transaction being rejected for Non-Sufficient Funds (NSF), I understand that FACC may at its discretion attempt to process the charge again within 30 days. I agree to an additional \$25 charge for each attempt of returned NSF which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute these scheduled transactions with my bank; so long as the transactions correspond to the terms indicated in this authorization form.

Please complete the information below:

I, _____, authorize Florence Area Chamber of Commerce to debit my bank account for \$20 on or about the 15th of each month for payment of my annual Business Partner Chamber membership dues according to the terms listed above.

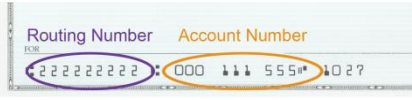
Business Name: _____ Title: _____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Checking/ Savings Account Information

Checking Saving Name on Acct _____
Bank Name _____ Bank City/State _____
Account Number _____ Bank Routing # _____



SIGNATURE _____ DATE _____