

BANKS CHAMBER OF COMMERCE
MEMBERSHIP/RENEWAL/NEW & CALENDAR
INVOICE FOR 2012-2013

Business Name: _____ Address: _____ _____ Contact Person: _____ Phone: _____ Fax: _____ Email: _____ Website: _____ Please make a copy for your records and return one copy to the Chamber. With the new web site record keeping, the Chamber Office needs this form to make sure your information is correct. Thanks	Membership Dues: 1-Year \$50.00 \$ _____ 3-Year \$125.00 \$ _____ Associate Membership: \$25.00 \$ _____ Calendar Ad: 2 Lines - \$75.00 \$ _____ 3 Lines - \$100.00 \$ _____ 4 Lines - \$175.00 \$ _____ Total Submitted: \$ _____ Check if same as last year _____ New or Changes to Ad – Please note here:
Please return this form to the Chamber P.O. Box 206 Banks, Oregon 97106	This your invoice, copy and return. Make checks payable to Banks Chamber