



**ROSEBURG
AREA** Chamber of
Commerce
& Visitors Center

**410 SE Spruce Street
PO Box 1026
Roseburg, OR 97470**

**Tel 541-672-2648
Fax 541-673-7868**

Application Date: _____
Membership # _____

Business Name: _____

Voting Representative: _____

Publication Contact: _____

Street Address: _____ City / State: _____ Zip: _____

Phone: _____ Fax: _____ Toll Free Number: _____

Mailing Address (if different): _____ City / State: _____ Zip: _____

Billing Address: (if different) _____ City / State: _____ Zip: _____

Billing Phone: _____ Billing Fax: _____

Email: _____ Website: _____

Category (as in Yellow Pages): _____ # of Employees & Owners: _____
(Full Time) (Half Time)

Business Description: _____

Applicant Signature: _____ Chamber Approval Date: _____

- Please attach a business card with application. Payment must accompany application.
- Membership organizations are listed alphabetically and categorically on the website and in the InUmpqua, a business directory, community profile and visitor magazine.
- Membership is based on number of employees (*see chart on back*). Two half-time employees equal one full-time employee.
- Members receive one category title; additional categories are \$25 each per year.
- All memberships shall be continuous unless canceled (A) in writing by the member, (B) by the Chamber for non-payment of dues after 60 days or (C) for non-compliance with the Chamber policies or conduct unbecoming per Article II, Section 4 of the Chamber bylaws.
- Membership dues investment is non-refundable.
- Membership has voting privileges. Please indicate who your voting representative will be. If you would like another person listed as main contact for the company in publications, please indicate under Publication Contact.
- Membership not valid until approved by the Chamber board of directors at a regularly-scheduled meeting.
- 90% of membership dues are deductible as an ordinary and necessary business expense. The 10% used for government affairs and lobbying expenses is not deductible. Dues paid to the Chamber are not a charitable tax deduction for federal tax purposes.
- A Chamber Associate is for a single individual who is not affiliated with any business or organization. Chamber Associates do not have voting rights, can not serve on the board of directors or take advantage of other business-member opportunities as set forth in the Chamber's policies and procedures.
- Payment is due in full upon receipt of annual billing the month prior to commencement of new membership year, and is considered past due if payment is not received within 30 days. Partial payments will not be accepted.
- Political campaign committees are not eligible for application to membership with the Chamber.
- A trade association or community organization membership covers only that association or organization and their employees, not the individual members of the association or organization.

2022 Fair Share Investment Schedule

General Business Member

1 - 5	\$ 325
6 - 10	\$ 440
11 - 15	\$ 535
16 - 20	\$ 670
21 - 30	\$ 840
31 - 45	\$ 990
46 - 100	\$1080

**Over 100 - Same as 46-100 plus
\$3.00 per employee**

Over 1,000 Employees – Negotiable

(Two half-time employees equal one full-time employee)

Professional Member

Certified Public Accountant	\$325
Engineer	\$325
Insurance	\$325
Investment	\$325
Legal	\$325
Dental / Medical (private practice)	\$325
Real Estate	\$325
Plus \$25 Per Licensed Professional Above 1	

Non-Profit Member

Non-Competitive Non-Profit Community Organizations & Foundations, Educational Institutions and Government Offices
(Annual operating budget under \$250,000) **\$325**

Non-Competitive Non-Profit Community Organizations & Foundations, Educational Institutions and Government Offices
(Annual operating budget above \$250,000)

General Business Schedule*

** Or may be eligible for a limited membership which excludes Membership Discount Cards, hosting Business After Hours and FiveStar Club membership for the lowest General Business rate.*

Chamber Associate \$160

Non-voting individual not associated with any business or organization

Membership Investment: \$ _____

Administration/Reinstatement Fee: \$ 40.00

Total Amount Due: \$ _____

Visa M/C

Card # _____

Exp. Date: _____

Verification Code (3-digit on back of card) _____

Cash: _____

Check: # _____

Reason You Joined:

- Professional Marketing Opportunities
- Credibility
- Learning Opportunities
- Legislative / Other Advocacy
- Benefits / Discounts
- Business Community Involvement
- Other

Year Your Business Opened: _____

OFFICE USE

- | | |
|---|---|
| <input type="checkbox"/> Computer/Website | <input type="checkbox"/> Letter/Email |
| <input type="checkbox"/> MM Information | <input type="checkbox"/> Discount Card |
| <input type="checkbox"/> Social Media Intro | <input type="checkbox"/> Newsletter Intro |
| <input type="checkbox"/> Brochure Placement | <input type="checkbox"/> Chamber 101 |