



Sandy Area Chamber of Commerce Membership Application

38963 Pioneer Blvd., PO Box 536, Sandy, OR 97055
Ph. (503) 668-4006 ~ Fax (503) 668-3459
www.sandyoregonchamber.org ~ chamber@sandyoregonchamber.org

Applicant First Name: _____ Last Name: _____

Company or Organization: _____

Business Category: _____

Street Address: _____

City / State / Zip: _____

Mailing Address: _____

City / State / Zip: _____

Phone: _____ Cell: _____

Fax: _____

Email Address: _____

Website Address: _____

Membership Fees

(Based of number of full-time equivalent employees)

0-5 Employees	\$100
6-10 Employees	\$160
11-25 Employees	\$235
25+ Employees	\$385
Individual Non-Business Members	\$30
Non-Profit Organizations	\$100
Civic Organization and Churches	\$50

Number of Employees _____ Annual Fee \$ _____

Special Areas of Interest

Please check one or more committee in which you would like to participate.

Ambassadors
 Awards Banquet
 Economic Development
 Education

Fall for the Arts Event
 Governmental Affairs
 Music, Fair and Feast

Applicant Signature _____ Date Applied _____



Sandy Area Chamber of Commerce Membership Bio

The following information will be used to create a "bio" for your business in our website membership directory. The public will be able to read these details.

Company Name: _____

"We have been in business since _____." (year)

What services do you provide? _____

What product(s) do you sell? _____

Additional information you would like the public to know about you and/or your business:

For Office Use Only:

Entered into

Website _____

Email _____

Directory _____

QB _____

(memorize date) _____