



CHAMBER OF COMMERCE & VISITOR CENTER • P.O. Box 616, La Pine, OR 97739 • 541-536-9771

Membership* Application Information

Business Name _____

Business Address _____

Mailing Address _____

City/State/Zip _____

Business Phone _____ Fax No. _____

Business E-Mail _____

Website _____

Contact Person _____

E-Mail Address (for weekly e-mail updates) _____

Additional E-Mails (for weekly e-mail updates) _____

Additional E-Mails (for weekly e-mail updates) _____

Signature _____ Date __/__/__

Membership Level (Circle One) Platinum Gold Silver
(\$41.67 monthly or \$500 annually) (\$18.33 monthly or \$220 annually) (\$13.75 monthly or \$165 annually)

Bronze Non-Profit or Individual when Licensed with Parent Co. that is a Member
(\$9.17 monthly or \$110 annually) (\$7.09 monthly or \$85.00 annually)

Membership Profile: How many people do you employ? _____

Please provide information about your business we can use in our publications.

Referred By: _____

*Dues in the La Pine Chamber are not deductible as charitable expenses but may be deductible as business expenses. Membership packages are subject to change upon the approval of the Board. Dues are subject to change upon the approval of the Chamber Board.

If you have questions about membership package details, see brochure or go to www.lapine.org, or contact the Chamber at. (541) 536-9771. For easy pay plan with low monthly payments complete the form on the back. Choose either AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS) from your checking account, or AUTOMATIC BILLING AUTHORIZATION FORM using your Credit/Debit card account.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: _____

Company ID Number: _____

I (we) hereby authorize _____, herein called Company, to initiate debit entries to my (our): Checking Account / Savings Account (*select one*) indicated below at the depository financial institution named below, herein called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name: _____ Branch _____

City _____ State _____ Zip _____

Routing Number _____ Account Number _____

This authority is to remain in full force and effect until Company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Company and depository a reasonable opportunity to act on it.

Name(s) _____ ID Number _____
(Please print)

Date _____ Signature _____

NOTE: DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

AUTOMATIC BILLING AUTHORIZATION FORM

Company Name: _____ ID Number: _____

FROM CREDIT CARD:

I authorize you to charge my bill directly to the credit card(s) listed below:

Primary Card Account

Secondary Card Account

Name on credit card (exactly as printed)

Name on credit card (exactly as printed)

Billing Address for credit card (Street, Apt. #)

Billing Address for credit card (Street, Apt. #)

City, State Zip

City, State Zip

Credit card number

Expiration Date

Credit card number

Expiration Date

Signature

Today's Date

Signature

Today's Date

- Bill all charges to the above card(s). Since the payment amount may vary, I will receive written notification of the amount and date of the next charge prior to each scheduled transaction date.
- This authorization is valid until I provide you with written cancellation.