



Membership Application

Company Information

Organization Name

Physical Address City State Zip

Mailing Address City State Zip

Phone Fax

Website Total Number of Company Employees or Population

Contact Information

The primary method of communication between Alliance and its members is via email; therefore, it is important that all persons who should receive Alliance information be listed with their email addresses. Attach an additional sheet if necessary.

Primary Contact Name, Title Phone # Email Address

Additional Contact Name, Title Phone # Email Address



Dues Level: *(please select one of the following options)*

- Basic Corporate Large Business Membership - \$1,000
- Basic Small Business Membership - \$500
- Advanced Corporate Membership - \$5,000
- Advanced Small Business Membership (small business) - \$2,500
- Cities or Counties - \$ 0.03 x population (subject to \$500 min and \$4,000 max)
- Regional or State Government Agencies - \$1,500
- Non-Profit Organizations - \$250

Dues are payable on an annual basis. You will be billed on your anniversary date.

Payment Information

Billing Contact Name, Title

Date

Payment Options (Select One):

- Check enclosed for \$ _____ Please send me an invoice

Signature

Date

**Mail or Email Form to:
Clackamas County Business Alliance
365 Warner Milne Rd., Suite 202
Oregon City, OR 97045
Email: info@ccba.biz**