



MEMBERSHIP APPLICATION

ANNUAL DUES (Please check the box that applies to your membership.)

- \$60** for a **BUSINESS** membership
- \$48** for a **NON-PROFIT** membership
- \$36** for an **INDIVIDUAL** membership
- I request a waiver of my membership fee this year. (*Required: Attached letter describing your need.*)

NOTE: NSBA's membership year runs from Jan. 1st to Dec. 31st. Dues for members joining mid-year will be prorated accordingly.

BUSINESS NAME: _____

OWNER/CEO/DIRECTOR/PRESIDENT: _____

NSBA CONTACT (if different from above): _____

ADDRESS: _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____

PRINT: _____

DATE: _____

WEBSITE ADDRESS: _____

WHO RECOMMENDED NSBA TO YOU? _____

WHAT INSPIRED YOU TO JOIN? _____

WHAT DO YOU HOPE YOUR MEMBERSHIP WILL PROVIDE? _____

WHAT OBJECTIVES WOULD YOU LIKE TO SEE NSBA ACCOMPLISH? _____

North Salem Business Association, PO Box 8104, Salem, OR 97301

Questions: Please call Lori Davis, 503-931-7710

Federal ID #931097600