



Beaverton Area Chamber of Commerce—Partnership Application

Date of Application

Referring Partner

Company Name

of Employees

Main Phone #

Email

Main Contact Name / Title

Email

Phone

Mailing Address

City

State

Zip

Physical Address (if different)

City

State

Zip

Billing Address (if different)

City

State

Zip

partnership investment—Service levels to meet all business plan needs.

- Community = \$325 Power = \$500
 Premier = \$1000 Visionary = \$2,000+
 Custom = _____
 Company Name Badge \$10 (optional)

Partnership Level Investment	\$ _____
Company Name Badge (optional)	\$ _____
One-time processing fee	\$45.00
Total	\$ _____

method of payment

- Visa/MasterCard American Express Check (made payable to Beaverton Area Chamber of Commerce) Monthly*

Credit Card #

Expiration Date

Email

Card Holder's Name

Authorized Signature

Date

Credit Card Billing Address (if different)

City

State

Zip

*If you would like to pay your partnership monthly, please include the Monthly Payment Plan Application.

Fill out the back side of this form to complete your application!

Send Form with payment to:
 Beaverton Area Chamber of Commerce
 12600 SW Crescent Street, Suite 160
 Beaverton, OR 97005-1600

503.644.0123 main
 503.526.0349 fax
 www.beaverton.org
membership@beaverton.org

Office Use Only

- Payment Received _____
 Constant Contact _____
 Spreadsheet _____
 Follow-up _____

online and print directory presence

Would you like your address to appear in our directories?

Printed Directory [] Yes [] No Which address should appear? (circle one) Mailing Physical Billing
Online Directory [] Yes [] No Which address should appear? (circle one) Mailing Physical Billing

Additional Contact #1 (online directory) Email Phone

Additional Contact #2 (online directory) Email Phone

Website URL _____

Social Media Links: Included with Power Partner level and above, or \$75 annually

Twitter URL _____

Facebook URL _____

LinkedIn URL _____

Main Business Category (Hospitality, Construction, etc.) _____

Additional Business Categories (Power=1, Premier=2, Visionary=3) _____

Searchable Online Keywords (Community=2, Power=3, Premier & Visionary=4) _____

connecting with the Beaverton chamber

[] I give the Beaverton Area Chamber of Commerce permission to email me and add me to the email list to receive the eNews.

Print Name Email Address

Signature Date

To receive ongoing social media communication:

Please **“follow”** the Beaverton Chamber LinkedIn group - [linkedin.com/groups/947487](https://www.linkedin.com/groups/947487)

Please **“like”** the Beaverton Chamber Facebook Page – [facebook.com/BeavertonChamber](https://www.facebook.com/BeavertonChamber)

Please **“follow”** the Beaverton Chamber Twitter Page – twitter.com/BeavtonChamber or @BeavtonChamber

Please **“follow”** the Beaverton Chamber Periscope Page - @BeavtonChamber