



Heart of Medford Association

33 North Central Avenue, Suite 408
Medford, OR 97501

Phone & Fax: (541) 245-3673

E-Mail: heartofmedford@gmail.com

MEMBERSHIP APPLICATION

Business Name: _____

Contact Person: _____

Business Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Web: _____ E-Mail: _____

Brief Description of your business:

May we use this description in publications and advertisements? Yes: _____ No: _____

What business sector best describes your business:

- _____ Professional Service
_____ Restaurant
_____ Retail
_____ Other

DUES: (Please circle your Membership choice, payment due with application):

Annual (12 months)	\$150.00
Semi-Annual (6 months)	\$ 80.00 (\$160.00 Total)
Non-Profit	\$ 75.00
Community Member	\$ 75.00

CONFIRMATION STATEMENT:

IF MY APPLICATION IS ACCEPTED, I AGREE TO REPRESENT, TO MY BEST, THE BYLAWS OF THIS ASSOCIATION:

Signed: _____

Date: _____