



OREGON NEIGHBORHOOD STORE ASSOCIATION

1270 Chemeketa Street NE, Salem, OR 97301-4145

Ph: 503-316-9638

E-mail: contact@onsa.net

Why ONSA needs your support. . .

The cigarette tax increase is just the first of many issues that will impact neighborhood storeowners this session. Look for legislators to give more attention to increasing Oregon’s beer tax, increasing the corporate minimum tax, expanding the bottle bill, and increasing the fees your business pays to various state agencies.

ONSA is the only organization fighting for small storeowners and if you want legislators to know and understand the impact of their proposals on your business, become a member and help carry the message directly to your legislators. ONSA needs the help of store owners, managers and employees to convince legislators that penalizing small business is not the way to improve Oregon’s economy. ONSA needs your help and membership support if we are to have any impact on legislative issues this session.

Become part of the ONSA team—join now— and prepare to take action. The application is included. If you have more questions about membership or legislative issues, please, call the ONSA office, (503) 316-9638.

ONSA – Oregon Neighborhood Store Association

RETAIL MEMBERS:

Owners or Franchisees of one or more Neighborhood Stores

Each Store \$100.

ASSOCIATE MEMBERS:

Businesses or Individuals that provide goods and services to Neighborhood Stores:

- Platinum.....\$5,000.
- Gold.....\$2,500.
- Silver.....\$1,000.
- Basic.....\$500.

Please make checks payable to:

Oregon Neighborhood Store Assn.

1270 Chemeketa Street NE

Salem, OR 97301

Phone: 503-316-9638

Fax: 503-585-1921

contact@onsa.net

Business Name _____

Owner/Manager Name _____

Mailing Address _____

_____ *City, State, Zip*

Phone: _____

Fax: _____

E-mail address: _____

<input type="checkbox"/> RETAIL MEMBER	_____ Number of Stores**	Stores Dues =	\$ _____
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Convenience Store only		
<input type="checkbox"/> Franchisee	<input type="checkbox"/> Convenience Store/gas		
<input type="checkbox"/> ASSOCIATE MEMBER	Designate Level:	<input type="checkbox"/> Platinum	<input type="checkbox"/> Gold
		<input type="checkbox"/> Silver	<input type="checkbox"/> Basic
			\$ _____
		Total Dues:	\$ _____

** For each individual store, please include the contact information:
Business name, Owner or Manager’s name, Mailing address, Phone, Fax, e-mail address.