

# Oregon Neighborhood Store Association

APPLICATION

Store/Business Name \_\_\_\_\_

Store Owner/Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

Fax Number \_\_\_\_\_

Email Address \_\_\_\_\_

**Retail Member Dues**

# of stores \_\_\_\_\_ x \$100 per store

Total enclosed \$ \_\_\_\_\_

For each store, please attach the following:

- Store Name
- Contact Person/Manager
- Mailing Address
- Telephone
- Fax
- Email

Please indicate if you wish to receive only one mailing to your corporate address/headquarters listed above.

**Associate Member Dues**

- |                          |                  |          |
|--------------------------|------------------|----------|
| <input type="checkbox"/> | <b>Founding</b>  |          |
|                          | First Year       | \$10,000 |
|                          | Sustaining       | \$5,000  |
| <input type="checkbox"/> | <b>Platinum</b>  | \$5,000  |
| <input type="checkbox"/> | <b>Gold</b>      | \$2,500  |
| <input type="checkbox"/> | <b>Silver</b>    | \$1,000  |
| <input type="checkbox"/> | <b>Associate</b> | \$500    |

Please Make checks payable to:  
**Oregon Neighborhood Store Association and remit to:**  
1270 Chemeketa Street NE  
Salem, Oregon 97301