BEND CHAMBER

541-382-3221

# 2026 Associate Membership Application

**With verified local chamber membership: $185. Without local chamber membership: $495.**

Company_____

Owner_____ Owner Email _____

Main Contact _____ Title_____

Main Contact Email_____

County _____

Mailing Address_____

City_____ State _____ Zip_____

Phone_____ Website_____

_____ _____

Signed Date

☐ **Payment attached** Check #_____
Mail checks to: Bend Chamber,
1567 SW Chandler Ave., Suite 204, Bend, OR 97702

☐ **Please charge my credit card** (we accept Visa, MC, Discover, Amex). A 3% credit card processing fee will be added.

Name on Card _____

Card #_____

Security Code_____

Exp. Date_____

Signature _____

2026 Associate Membership Dues* $185/yr.

**Businesses located outside of Bend and must be a member of your local Chamber of Commerce.*

☐ Dental Only

Effective Date of Health Plan_____

Local Chamber & Phone_____

_____

Agency/Agent & Phone_____

_____

**Credit Card Billing Address** (if different than mailing address) _____

City_____ State _____ Zip_____

- Membership Investment dues are non-refundable. 100% of your investment is usually deductible as a business expense.
- Membership automatically renews each year. Membership can only be canceled if the member is no longer enrolled in the health or dental insurance programs. Rates are subject to change.
- Membership and insurance may be terminated or denied for reasons including, but not limited to:
  - Failure to pay investment dues within 60 days of billing and/or any outstanding obligation due to the Chamber.
  - Acts which are deemed by the Chamber as inappropriate business practices or result in the conviction of a felony.