



MEMBERSHIP WORKSHEET

Total each section, then include in Membership Investment section on reverse.

CHOOSE FROM EITHER COLUMN A or COLUMN B (see attached Membership Program Flier for complete description of options)	
Column A	Column B
SAVE WITH PRE-PACKAGED OPTIONS	BUILD YOUR OWN PACKAGE!
<i>All packages include Basic Marketing Package</i>	Step 1: select one
	Individual Membership <input type="checkbox"/> \$100
	Basic Marketing Package <input type="checkbox"/> \$160
	Step 2: select as many as you want!
	ONLINE & DIGITAL OPTIONS:
Essential Marketing Package <i>(includes 10% discount)</i> Refer to the Marketing Program Details flier – package #1	<input type="checkbox"/> \$369 <input type="checkbox"/> \$50 <input type="checkbox"/> \$150 <input type="checkbox"/> \$50 <input type="checkbox"/> \$99/mth Month(s): _____
Online Marketing Package <i>(includes 10% discount)</i> Refer to the Marketing Program Details flier – package #1	<input type="checkbox"/> \$639 <input type="checkbox"/> \$200 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> \$100
Supreme Combo Marketing Package <i>(includes 20% discount)</i> Refer to the Marketing Program Details flier – package #1	<input type="checkbox"/> \$768 PRINT PROMOTION:
Ultimate Marketing Package <i>(includes 20% discount) PLUS Corporate Sponsorship recognition AND 3 months Digital City Guide (FREE!)</i> Refer to the Marketing Program Details flier – package #1	<input type="checkbox"/> \$1,288 <input type="checkbox"/> \$100 VISITOR INFORMATION NETWORK:
WANT MORE OPTIONS? Add other Marketing Options to your package, choose from Column B	<input type="checkbox"/> \$100 <input type="checkbox"/> \$50 <input type="checkbox"/> \$50 <input type="checkbox"/> \$150
	SPECIAL PROMOTIONS:
	<input type="checkbox"/> \$250
Suggested Amount Due:	\$
Amount Enclosed:	\$



MEMBERSHIP CONTRACT/INVOICE

CONTACT INFORMATION	
Name:	Title:
Company:	
Description of Business:	
Physical Address:	
City:	State: Zip:
Billing Address: <input type="checkbox"/> same as Physical Address	
Phone:	Alt Phone:
Toll-Free:	Fax:
E-Mail:	Website:

Use reverse side to calculate Column totals:

TOTALS	
Column A	\$
Column B	\$
CONTRACT/INVOICE TOTAL	\$

PAYMENT INFORMATION	
<input type="checkbox"/> Check (mail with application)	Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
	Card Number:
	Expiration Date: CVC Code:
	Signature:

Travel Salem provides Membership, Marketing opportunities and information via e-mail.

Would you like to receive these emails? ☐ Yes ☐ No

If **yes**, please indicate under contact information above who should receive these emails.

If **no**, please be aware you may miss important member leads, opportunities and information.

TERMS & CONDITIONS

Thank you for your interest in joining Travel Salem and supporting its economic development activities. Businesses seeking Membership with Travel Salem must agree to: 1) Support the Association's mission and goals; 2) Not compete or interfere with Travel Salem's mission or goals; and 3) Must provide valid telephone number for publishing purposes. The Travel Salem Board of Directors reserves the right to review and approve all Membership Contracts. Your signature below indicates that you have read and agree to the Terms & Conditions, also available on TravelSalem.com/membership. **Your Membership takes effect when payment is received in full.**

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

Questions? Contact Sue Nichols at snichols@TravelSalem.com or 503-581-4325 ext. 22

Return contract and payment to:

Travel Salem Membership :: 181 High Street NE, Salem, OR 97301 :: Fax: 503-581-4540