

## **MEMBERSHIP WORKSHEET**

(Business Name)	
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Total Each Section, then include in Membership Investment section on reverse.

		COLUMN A or COLUMN B	
	gram Flier f	or complete description of options)	
Column A		Column B	
SAVE WITH PRE-PACKAGED OPTIC	NS	BUILD YOUR OWN PACKAGE!	
All packages include Basic Marketing Me	mbership	Step 1: select one	
		Basic Membership	<b>□</b> \$185
Essential Marketing Package	<b>□</b> \$414	Travel Salem Supporter (No Business Support)	<b>□</b> \$110
(includes 10% discount)		Step 2: select as many as you want!	
		ONLINE & DIGITAL OPTIONS:	
		Expanded Website Listing & Link	<b>□</b> \$55
Online Marketing Package	<b>\$711</b>	Video Website Listing	<b>□</b> \$55
(includes 10% discount)		- Additional Video Website Listings	<b>□</b> \$55
		Travel Packages  Travel O. (C. Divital City Could Advance on the Country	<b>□</b> \$55
		Travel Café Digital City Guide Ads (6-mth min)     Month(s):	□ \$99/mo
<b>Supreme Combo</b> Marketing Package	□ \$764	e-Blast Paid Ad	
(includes 20% discount)	_ +, -, -	Website Home Page Ad	\$220
		Website Vertical Ad	\$220
		Website Square Ad	<b>□</b> \$110
		Weekly e-Newsletter Banner Ad (4 issues)	<b>□</b> \$75
		•	<b>□</b> \$220
		• Industry e-Newsletter Sponsorship (1 issue)	<b>□</b> \$110
		Consumer e-Newsletter Sponsorship (1 issue)	<b>□</b> \$110
<u>Ultimate</u> Marketing Package	□\$1,292	PRINT PROMOTION:	
(includes 20% discount) PLUS Corporate Sponsorship recognition		Salem Area Visitors Guide Listing	<b>□</b> \$110
Sponsorsing recognition		Additional Salem Visitors Guide Listing	<b>□</b> \$55
		VISITOR INFORMATION NETWORK:	
		Brochure Placement in Travel Café	<b>\$110</b>
		Brochure Placement at Satellite Info Kiosks	<b>□</b> \$55
			<u> </u>
WANT MORE OPTIONS?	ookomo	SPECIAL PROMOTIONS:	
Add other Marketing Options to your p choose from Column B	аскаде,	Marketing Exchange Event Sponsor	<b>□</b> \$275
		SALES LEADS FOR CONFERENCES & GROUPS:	
		Facility only	□ \$500
		Facility with lodging	□ \$800
Suggested Amount Due: \$		Amount Enclosed: \$	

12-13-Contract-out Rev 3/15/13

Rev 3/15/13



12-13-Contract-out

## MEMBERSHIP CONTRACT/INVOICE

Name: Title:  Company:  Main Listing Category: Secondary Listing Category:  Physical Address:  □Do Not Publish  City: State: Zip:  Billing Address: □ same as Physical Address  □Do Not Publish  Phone: Alt Phone:  Toll-Free: Fax:  E-Mail: Website:  Use reverse side to calculate Column totals:  TOTALS  Column A S □ S □ S □ S □ S □ S □ S □ S □ S □ S	CONTACT INFORMATION	
Main Listing Category: Secondary Listing Category:  Physical Address:  Do Not Publish  City: State: Zip:  Billing Address: same as Physical Address  Do Not Publish  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  Check (mail with application) Credit Card:  Visa Mastercard Discover Amex  Card Number:  Expiration Date: CVC Code:  Signature:  Travel Salem provides Membership and sove who should receive these emails.  If no, please be aware you may miss important member leads, opportunities and information.  You for joining Travel Salem and supporting its economic development activities. Businesses seeking Membership with Travel runust agree to: 1) Support the Association's mission and goals: 2) Not compete or interfere with Travel Salems mission or goals st provide valid telephone number for publishing purposes. The Travel Salem Board of Directors reserves the right to reveive and ve all Membership Contracts. By signing this membership application/renewal form you confirm that your business/organization to publish all of the brochures, promotional materials, content, video, images, logos, illustrations, and design elements that you have read and agree to the Terms & Conditions, also available on ISalem.  Name:	Name:	Title:
Physical Address:    Do Not Publish		
City: State: Zip:    State: Zip:   State: Zip:   State: Zip:	Main Listing Category:	Secondary Listing Category:
City: State: Zip:  Billing Address: □ same as Physical Address □Do Not Publish Phone: Alt Phone:  Toll-Free: Fax: Website:  Use reverse side to calculate Column totals:  TOTALS Column A \$ Column B \$  CONTRACT/INVOICE TOTAL \$  PAYMENT INFORMATION □ Check (mail with application) Credit Card: □ Visa □ Mastercard □ Discover □ 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. Businesses seeking Membership with Travel Salem Board of Directors reserves the right to revolve as provide valid telephone number for publishing purposes. The Travel Salem Board of Directors reserves the right to review are val all Membership Contracts. By signing this membership application/renewal form you confirm that your baisess organizatic to travel Salem for promotional use; and that you have read and agree to the Terms & Conditions, also available on Salem.com/membership.  Date:		
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	: Name:	Title:

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