

## **MEMBERSHIP WORKSHEET**

(Business Name)

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

CHOOSE FROM EITHER COLUMN A or COLUMN B							
	Program F	lier for complete description of options)					
Column A		Column B					
SAVE WITH PRE-PACKAGED OPTIONS		BUILD YOUR OWN PACKAGE!					
All packages include Basic Membership		Step 1: select one					
		Basic Membership	\$160				
Essential Marketing Package		Travel Salem Supporter (No Business Support)	\$100				
(includes 10% discount)	<b>\$369</b>	Step 2: select as many as you want!					
	- 4007	ONLINE & DIGITAL OPTIONS:					
Online Medication Dealers		Expanded Website Listing & Link	□ \$50				
Online Marketing Package (includes 10% discount)	\$639	Video Website Listing	<b>□</b> \$50				
		- Additional Video Website Listings	□ \$50				
		Travel Packages	□ \$50				
Supreme Combo Marketing Package		Travel Café Digital City Guide Ads (6-mth min)     Month(s):	□ \$99/mo				
(includes 20% discount)	\$688	e-Blast Paid Ad	\$200				
		Website Home Page Ad	□ \$200				
		Website Vertical Ad	<b>□</b> \$100				
		Website Square Ad	<b>□</b> \$65				
		Weekly e-Newsletter Banner Ad (4 issues)	□ \$200				
		• Industry e-Newsletter Sponsorship (1 issue)	□ \$100				
		Consumer e-Newsletter Sponsorship (1 issue)	□ \$100				
<u>Ultimate</u> Marketing Package		PRINT PROMOTION:					
(includes 20% discount) PLUS Corporate Sponsorship recognition	<b>□</b> \$1,168	<ul> <li>Salem Area Visitors Guide Listing</li> </ul>	□ \$100				
		<ul> <li>Additional Salem Are Visitors Guide Listing</li> </ul>	□ \$50				
		VISITOR INFORMATION NETWORK:					
WANT MORE OPTIONS? Add other Marketing Options to your package, choose from Column B		Brochure Placement in Travel Café	□ \$100				
		Brochure Placement at Satellite Info Kiosks	\$50				
		SPECIAL PROMOTIONS:					
		Marketing Exchange Event Sponsor	\$250				
Suggested Amount Due: \$		Amount Enclosed: \$					

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



## MEMBERSHIP CONTRACT/INVOICE

CONTACT INFORMATION			
Name:		Title:	
Company:			
Main Listing Category:		Secondary Listing Category:	
Physical Address:			
□ Do Not Publish			
City:		State: Zip:	
Billing Address: as Same as Physical Do Not Publish	cal Address		
Phone:		Alt Phone:	
Toll-Free:		Fax:	
E-Mail:		Website:	
L-IVIdII.		website.	
Use reverse side to calculate Col	umn totals:		
TOTALS			
Column A		\$	
Column B		\$	
CONTRACT/INVOICE TOTAL		\$	
	Card Number: Expiration Date: Signature:	CVC Code:	
Would you like to receive the If yes, please indicate under contact	ese emails?  Yes ct information above w		
n must agree to: 1) Support the Association ust provide valid telephone number for pub	's mission and goals; 2) dishing purposes. The T his membership applica	NDITIONS  ppment activities. Businesses seeking Membership with Tra  Not compete or interfere with Travel Salem's mission or g  ravel Salem Board of Directors reserves the right to revieution/renewal form you confirm that your business/organitent, video, images, logos, illustrations, and design element	goals w an zatio
ne right to publish all of the brochures, proi		d and agree to the Terms & Conditions, also available on	
ne right to publish all of the brochures, proporovide to Travel Salem for promotional use elSalem.com/membership.	e; and that you have rea		<del>-</del>
ne right to publish all of the brochures, proportion of the promotional use elSalem.com/membership.  horized Signature:	e; and that you have rea	d and agree to the Terms & Conditions, also available on	

Return contract and payment to:
Travel Salem Membership :: 181 High Street NE, Salem, OR 97301 :: Fax: 503-581-4540