

MEMBERSHIP WORKSHEET

(Business Name)

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	Flografii F	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)	□ \$369	Step 2: select as many as you want!		
		ONLINE & DIGITAL OPTIONS:		
Online Marketing Package	e Marketing Package des 10% discount)	 Expanded Website Listing & Link 	□ \$50	
		Video Website Listing	□ \$150	
(incinces 1070 discount)		- Additional Video Website Listings	□ \$50	
		Travel Packages	\$ 50	
Supreme Combo Marketing Package	nbo Marketing Package Month(s):	Travel Café Digital City Guide Ads (6-mth min) Month(s):	□ \$99/mo	
(includes 20% discount)		• e-Blast Paid Ad	\$200	
		• 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 AND 3 months Digital City Guide (FREE!)	□\$1,288	Salem Area Visitors Guide Listing	\$100	
		VISITOR INFORMATION NETWORK:		
		Brochure Placement in Travel Café	\$100	
WANT MORE OPTIONS? Add other Marketing Options to your package, choose from Column B		Brochure Placement at Satellite Info Kiosks	\$50	
		• I-5 Rest Area Advertising (per month)	\$150	
		SPECIAL PROMOTIONS:		
		Marketing Exchange Event Sponsor	\$250	
Suggested Amount Due: \$		Amount Enclosed: \$		

10-11-Contract-in Rev 11/08/2010



MEMBERSHIP CONTRACT/INVOICE

Name: Title: Company: Description of Business: Physical Address: City: State: Zip: Billing Address: 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 S CONTRACT/INVOICE TOTAL PAYMENT INFORMATION 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 and information. TERMS & CONDITIONS k you for your interest in joining Travel Salem and supporting its economic development activities. Businesses seeking Meml Travel Salem must agree to: 1) Support the Association's mission and goals; 2) Not compete or interfere with Travel Salem's als, and 3) Must provide valid telephone number for publishing purposes. The Travel Salem Board of Directors reserves the vand approve all Membership Contracts. Your signature below indicates that you have read and agree to Terms & Condvailable on TravelSalem.com/membership. Your Membership takes effect when payment is received in full.	CONTACT INFORMATION		
Description of Business: Physical Address:	Name:		Title:
Physical Address:			
City: State: Zip: Billing Address: □ 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 □ 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 and information. TERMS & CONDITIONS k you for your interest in joining Travel Salem and supporting its economic development activities. Businesses seeking Meml Fravel Salem must agree to: 1) Support the Association's mission and goals; 2) Not compete or interfere with Travel Salem's als; and 3) Must provide valid telephone number for publishing purposes. The Travel Salem Board of Directors reserves the w and approve all Membership Contracts. Your signature below indicates that you have read and agree to the Terms & Cond vailable on TravelSalem.com/membership. Your Membership takes effect when payment is received in full. Particular Particu	Description of Business:		
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Name: Title	horized Signature:Date:		Date:
	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

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