

# ODMO Membership Application

Visitors Bureau  Chamber of Commerce

Organization's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Official Representative to ODMO: \_\_\_\_\_

Title: \_\_\_\_\_

Alternate Representative to ODMO: \_\_\_\_\_

Title: \_\_\_\_\_

Organization's Annual Budget: \_\_\_\_\_

Number of Full Time Staff: \_\_\_\_\_ Number of Part Time Staff: \_\_\_\_\_

Name and Title of Organization's CEO (if not listed above): \_\_\_\_\_

Signed (Organization CEO): \_\_\_\_\_ Date: \_\_\_\_\_

## DUES SCHEDULE:

Please remit and amount appropriate to your organization's budget level.

|                                      |                                |
|--------------------------------------|--------------------------------|
| \$5,000,000 and over.....\$1,750     | \$500,000 – 999,999.....\$540  |
| \$2,500,000 - 4,999,999 .....\$1,313 | \$300,000 - 499,999 .....\$420 |
| \$1,500,000 - 2,499,999 .....\$840   | \$150,000 - 299,999 .....\$300 |
| \$1,000,000 – 1,499,999.....\$780    | \$149,000 and under.....\$180  |

Remittance enclosed: \_\_\_\_\_

Please invoice: \_\_\_\_\_

Remit to: Oregon Destination Marketing Organizations  
Bill Cross, ODMO Director  
114 Coolidge St., Silverton, OR 97381