



West Salem Business Association Membership Application

Business Name

Number of Employees

Contact Name

Mailing Address

Phone

Email Address

Website

Business Type (Please write a brief description of your business.)

Please check all that apply.

Annual Dues: \$90

January-December (Includes website listing)

Donation Amount: \$ _____

To help assist with funding of street decorations and scholarships.

Total Payment: \$ _____

**Please remit application and payment to:
WSBA PO Box 5021 Salem, OR 97304
Tax I.D. number is: 93-0759965**