



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:** January—December (includes website listing)

☐ **\$100**

☐ **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: 93-0759965