



**Carlton Business Association
Membership Application**

Business Name: _____ Contact Name: _____

Mailing Address: _____

Physical Address: _____

Business Phone: _____ Contact Phone: _____

Email Address: _____ Preferred Method of Contact: _____

Business Website: _____

Brief Description of Business: _____

I wish to join the Carlton Business Association as a : (please see the membership categories for a complete description of each):

- Anchor Member - Retail \$185 Annual Fee
- Anchor Member - Service \$135 Annual Fee
- Friend of Carlton \$ 50 Annual Fee

Membership Benefits

Benefits	Anchor Retail	Anchor Service	Friend of Carlton
Access to the CBA registry for networking	X	X	
Access to CBA training and educational opportunities	X	X	
Eligible to take part in public relations and promotions, including press releases and advertising	X	X	
CBA Member voting rights	X	X	
Kiosk and brochure placement	X	X	
Designated new member decals	X	X	
Qualified to run for board positions	X	X	
Annual report at the end of the fiscal year	X	X	X
Policy alerts on issues affecting local business	X	X	X
Special invitations to participate in key CBA events	X	X	X
Listing on the CBA website as type of member and link	X	X	X
Email updates and periodic e-newsletters	X	X	X

Send your completed application along with check or money order for your membership fee to:
 Carlton Business Association
 PO Box 224
 Carlton, OR 97111-0224