



Membership Application

Date: _____

Applicant Name _____

Title _____

Mailing Address _____

City / State / Zip _____ Email _____

Phone _____ Cell _____

Business / Organization Information

Name _____

Website _____ # Employees _____

Address _____

City / State / Zip _____

OCBA Sponsor _____

Please submit the completed application along with your check for \$150 payable to OCBA for initial year's dues to your sponsor or the OCBA PO BOX for review by the OCBA Board of Directors.

Thank you.

Oregon City Business Alliance
PO Box 1593, Oregon City, OR 97045
Phone (503) 479-0080 / Fax (503) 479-0081
Email: membership@OCBusinessAlliance.com