



Think Local Umpqua Independent Business Alliance



MEMBERSHIP APPLICATION

As a Think Local Umpqua member, you are part of a grassroots effort that informs consumers of the importance of shopping locally. You are also strengthening your competitive advantage by aligning yourselves with a pertinent and marketable value and by participating in a collaborative marketing effort (See Questions & Answers).

2010 ANNUAL MEMBERSHIP RATES

| | |
|-----------------------------|--------------|
| Supporter | \$ 60 |
| Member | \$120 |
| Sponsor (cash & in-kind) | \$500 |
| Advocate (cash & in-kind) | \$1,000 |
| Sustaining (cash & in-kind) | \$2,500 |
| Benefactor (cash only) | \$3,500 |

MEMBERSHIP INCENTIVE PLAN

There is strength in numbers! Recruit a new Think Local Umpqua member and receive a \$20 credit against your future membership (maximum of 2 new members). Copy a membership application, write your name in the referral space below and *pass it along!*

Referred By:

Name: _____

Business: _____

GUIDELINES FOR MEMBERSHIP - *What is a locally owned independent business?*

1. Private ownership (e.g. not publically traded or part of a franchise)
2. Owned in majority by Douglas County resident(s)
3. Full decision-making function for the business lies with its owner(s) (e.g. purchasing, advertising, personnel, pricing)
4. No more than 8 outlets; base of operation within Oregon
5. Exceptions may be granted by decision of an advisory committee

MEMBER INFORMATION – Please complete entire section

Business

Street Address

City, State, Zip

Owner

Manager or Contact

Work Phone

Email Address

Web Site Address

Hours of Operation

Business Description

Interested in serving on an advisory committee

Interested in being contacted about collaborative advertising

Referred By:

Membership Type:

- Supporter (\$60/year - \$5 per month)
- Member* (\$120/year - \$10 per month)**
- Sponsor (\$500/year)
- Advocate (\$1,000/year)
- Sustaining (\$2,500/year)
- Benefactor (\$3,500)

*Dues for sole proprietorships or small start ups may be negotiable. Please call for details.

**Enrollment occurs on a quarterly basis. Memberships are renewed annually. Annual renewal notices will be sent on the first day of your renewal quarter. Memberships that are not renewed by the end of the renewal quarter will result in expiration. [(Jan – March: 1st quarter)(Apr – Jun: 2nd quarter)(Jul – Sept: 3rd quarter)(Oct – Dec: 4th quarter)]

| | | |
|------------------------|-----------------|----------------------|
| For Office Use Only | Member #: | <input type="text"/> |
| | Enrollment Date | <input type="text"/> |
| | Renewal Quarter | <input type="text"/> |
| | Annual Dues | <input type="text"/> |

Payment Options & Methods of Payment

(1) Annual Check: **Make check out to Umpqua CDC**
Amount: _____ Check Number: _____

(2 Credit or Debit Card: **We now offer online payment through PayPal at our website, www.thinklocalumpqua.com. To access this option, please visit the website and complete your enrollment there.**

MEMBERSHIP AGREEMENT

I, _____, agree to fulfill my membership with Think Local Umpqua by the following means:

- Recognize that my membership and involvement with Think Local Umpqua reflects an important long-range strategic view at how we maintain a sustainable local economy
- Be an advocate for the Alliance through acknowledging that quality service, participation and integrity are vital keys to our united success
- Promote the future of the Alliance by participating in Think Local Umpqua programs and activities and referring other local businesses
- Notify Think Local Umpqua of any issues or changes I have with my membership and promptly renew to save our united resources.
- Inform my employees of my membership, and ask Think Local Umpqua for help, if needed, informing them of benefits and sales.
- Stock our Think Local Umpqua Guide in a recognizable location(preferably at the point of purchase and restock it as needed. I understand that through our joint efforts to market and promote our homegrown businesses, we will all benefit.
- Upon expiration of my membership I will cease and desist use of the Think Local Umpqua brand and logo without prior written consent.

I have read and agree to the above principles of my membership. I also understand in the event I fail to pay my dues and in the event of any legal action concerning this agreement which results in a judgment, the losing party shall pay to the prevailing party reasonable attorney fees and court costs to be fixed by the court.

Signature _____ Date: _____

Submit completed application to:
Virginia Elandt
c/o Umpqua CDC
velandt@umpquacdc.org
Phone: 541-673-4909
605 SE Kane St., Roseburg, OR, 97470

