

# I am a friend of #downtownoregoncity



By becoming a sustaining friend of the Downtown Oregon City Association (DOCA) you are helping to support the continued revitalization of historic Downtown Oregon City. DOCA is a 501(c)3 non-profit public benefit corporation. All payments for the friends program are tax deductible.

Check all that apply:  New Membership  Change Existing Authorization  Renew Membership

## Choose Your Membership Level

To be eligible for full membership benefits, please choose the highest level of membership that applies.

### Membership Type

- Individual | \$5/month\*
- Family | \$10/month\*
- Downtown Business (refer to schedule)
- Affiliate Business (refer to schedule)\*
- Major Donor (min. \$500 above membership)
- Donor (Non-member, write-in amount)

### Business Membership Schedule

	<i>Downtown Business</i>	<i>Affiliate Business</i>
<input type="checkbox"/> 1-5 FTE	\$19/month	\$15/month
<input type="checkbox"/> 6-15 FTE	\$29/month	\$20/month
<input type="checkbox"/> 16-30 FTE	\$49/month	\$30/month
<input type="checkbox"/> 31-49 FTE	\$69/month	\$40/month
<input type="checkbox"/> 50+ FTE	\$89/month	\$50/month

Payment Amount: \_\_\_\_\_  
*(if different than above)*

Date of Application: \_\_\_\_\_

Period of Membership:  6-months  1-year  Until Cancelled in Writing

Frequency of Payment:  One-Time  Monthly  Yearly

Memberships are effective once billed, recurring payments are charged on the 1st of the month, memberships applications are processed monthly. \*Denotes "community" membership.

## Membership/Donor Information

Company Name \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Print Name for Publications \_\_\_\_\_ Email Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Note, business names cannot be used for individual or family memberships. Businesses are only eligible for board elections if registered as a business member of higher.

## Credit Card Information (Required if full membership payment via check is not enclosed)

Credit Card Type:  Visa  Mastercard  Amex  Discover

Credit Card Number \_\_\_\_\_ Name on Card \_\_\_\_\_ Exp. Date \_\_\_\_\_

Billing Address (if different from above) \_\_\_\_\_

Authorization Signature (as appears on credit card) \_\_\_\_\_ Date \_\_\_\_\_

I authorize Main Street Oregon City DBA Downtown Oregon City Association to charge my credit card in accordance with above.

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