



## MEMBERSHIP APPLICATION FORM

One year membership in Provider Resource Organization

Please visit [www.ProviderResource.org](http://www.ProviderResource.org) for online payment information

Send fee and application to:

Provider Resource Organization

P.O. Box 4826

Portland, OR 97208-4826

\_\_\_\_\_ **Bronze Membership - \$35.00** benefits include Chapter Meetings, Quarterly Newsletter, one admission to the PRO Conference at the member price, Lending Library, and listing of name in newsletter & website.

\_\_\_\_\_ **Silver Membership - \$45.00** benefits include Chapter Meetings, Quarterly Newsletter, one admission to the PRO Conference at the member price, Lending Library, list of name in newsletter & website, 25% discount on a rental of a PRO conference vendor table, and hyperlink to your business website and/or email address on the PRO website.

\_\_\_\_\_ **Gold Membership - \$70.00** benefits include Chapter Meetings, Quarterly Newsletter, one admission to the PRO Conference at the member price, Lending Library, list of name in newsletter & website, 25% discount on a rental of a PRO conference vendor table, and hyperlink to your business website and/or email address on the PRO website and one employee membership.

**Each Additional Employee Membership - \$25.00** benefits include all Chapter Meetings and one admission to the PRO Conference at the member price.

### REQUIRED INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Is this a renewal?  yes  no Chapter \_\_\_\_\_

**Method of payment:**

**Check or Money Order**

*(Do not send cash)*

Please visit [www.ProviderResource.org](http://www.ProviderResource.org) for online payment information