



Building | CENTRAL OREGON

\$449 Annual Membership

COBA Membership Benefits:

- Fuel Discounts\*
- Cell Phones Discounts\*
- Workers Comp Discounts\*
- Health Insurance Discounts\*
- Online Bid Center

Plan Center Print Discounts

Discounted Continuing Ed

- Weekly Permit Info
- Networking Opportunities
- Government Affairs Representation

... and many more!

\* membership does not guarantee qualification of benefits



# 2023 Membership Application

Company Name: \_\_\_\_\_

CCB Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Website: \_\_\_\_\_

Key Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Other Contacts/Emails: \_\_\_\_\_

Specialties/Trades: \_\_\_\_\_

- Residential
- Commercial

Recruited By: \_\_\_\_\_

### Payment Information:

Recurring Payments:  \$40/month  \$112.25/quarter

Payment attached: Check #: \_\_\_\_\_

Ex. Date: \_\_\_\_\_

Please charge my card: Amount \$ \_\_\_\_\_

CVV#: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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Signature: \_\_\_\_\_

By signing this application, I agree to allow COBA to charge my card for the total amount listed above until we receive cancellation notice. Furthermore, I agree to abide by the by-laws, mission, purpose and goals of this Association. This application for membership is subject to approval by the COBA Board of Directors.