



Building | CENTRAL OREGON*

\$415 Annual Membership

COBA Membership Benefits:

- Fuel Discounts*
- Cell Phones Discounts*
- Workers Comp Discounts*
- Health Insurance Discounts*
- Online Bid Center
- Plan Center Print Discounts
- Free Continuing Ed
- Weekly Permit Info
- Networking Opportunities
- Government Affairs Representation

...and many more!

*membership does not guarantee qualification of benefits

2018 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: \$38/month \$103.75/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.