

# Olympic Benefits Trust



**OLYMPIC**  
BENEFITS TRUST

## MEMBERSHIP APPLICATION

Company Name \_\_\_\_\_  
*(as you want it listed – please print)*

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_ Zip \_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_ Zip \_\_\_\_  
*(If this is a home address, ok to list? Yes No\_)*

Billing Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_ Zip \_\_\_\_

Phone(s) \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Website \_\_\_\_\_

Business Classification *(where would we find you in the phone book?)* \_\_\_\_\_

NAICS Code (if known) \_\_\_\_\_ **\*\*All information collected above is for Chamber use only\*\***

Primary Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Other Contact \_\_\_\_\_  
Title \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Number of Employees/Agents \_\_\_\_\_

Membership Investment Amount \$ \_\_\_\_\_ \*60.00

*\*This is a special membership fee for groups located outside Thurston County. Groups located in Thurston County must pay the normal membership fee. After year one, the membership fee will be billed with your premium by the TPA, TPSC. (\$5.00 per month)*

Authorized Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Credit Card Number _____
Exp. Date _____ CVC _____
Billing Zip Code _____
Signature _____

*Ninety-nine percent of membership dues in the Chamber of Commerce may be tax deductible as an ordinary and necessary business expense. The Chamber is not a charity, and dues are not a charitable tax deduction. The Chamber serves as a business advocate. By joining, the Chamber is authorized to send communications to the emails listed above.*

**THANK YOU FOR YOUR SUPPORT**

Thurston County Chamber – PO BOX 1427 – Olympia, WA 98507  
360.357.3362  
www.ThurstonChamber.com

For information regarding your membership application, please contact Krystal Barkus-Franco [kbarkus@thurstonchamber.com](mailto:kbarkus@thurstonchamber.com)