

Olympic Benefits Trust



OLYMPIC
BENEFITS TRUST

2025 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 \$ _____ *100.00

**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, Verde Services. (\$8.33 per month)*

Authorized Signature _____

Print Name _____

Title _____

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.

Credit Card Number _____

Exp. Date _____ CVC _____

Billing Zip Code _____

Signature _____

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