

# 2022 KFDA Membership Application



## Contact Information

Thank you for your interest in joining the Klamath Falls Downtown Association! Please fill out this form to give us more information about you and your business. If you have questions and/or concerns please reach out to [director@downtownklamathfalls.org](mailto:director@downtownklamathfalls.org).

### Business/Organization \*

### Name \*

First Name

Last Name

### Email \*

All KFDA email correspondence will be sent to this address.

### Phone \*

### Business Address \*

Address Line 1

Address Line 2

City

State/Province

ZIP/Postal Code

Country

### What's the best way to reach you? \*

- Email
- Phone
- Social Media
- USPS Mail

*If you were a member in 2020 and you are renewing, skip to the "Partner/Sponsorship Information" section.*

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# Business Profile

## What type of business do you represent? \*

If more than one choice applies, please select the one that most closely matches your business type.

- Retail
- Professional Services (i.e., banking, investment, insurance, sales, etc)
- Beauty Services (i.e., salon, etc)
- Nonprofit
- Restaurant/Cafe
- Bar/ Night Life
- Health Services
- Hospitality/Tourism
- Other

## Business Website

Your website will be listed on KFDA's website as a 2019 partner!

## Business Facebook

We want to follow you!

## Business Instagram

Instagram username and/or hashtags

## KFDA Committee Interest

Please check the following committees you are interested in joining or learning more about.

- Organization
- Promotion
- Economic Vitality
- Downtown Design

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## Partner/Sponsor Information

For additional details about our membership tiers/structure please visit the KFDA website:

<http://www.downtownklamathfalls.org/join.html>

**Choose your partnership level below: \***

- \$1,000 - Downtown Champion
- \$750 - Downtown Promoter
- \$350 - Downtown Visionary
- \$100 - Advocate (Basic Membership)
- \$

**KFDA Event/Program Sponsorships**

I would like to be contacted to discuss additional sponsorship opportunities!

## Compliance With Local Regulations

*I understand that KFDA membership requires that my business or organization have a valid and current business license from any issuing local governments, if it is required of my business or organization. By typing or signing my full name in the box below, I certify that my business or organization holds a business license issued by the City of Klamath Falls and/or by Klamath County and that my license status is in good standing, or that my business or organization is exempt or otherwise not required to hold a local business license. I further agree to provide validation of my business licensing status if requested by KFDA.*

**Type or Sign Your Full Name:**

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## Payment & Paperwork

**Payment Options \***

- Credit/Debit Card
- I Will Mail A Check
- Please Send Me An Invoice To Pay From

**Receipt**

Please email me a receipt once payment has been received

## Payment Information

To pay by debit/credit card, simply check the appropriate box above. KFDA will deliver a secured payment link to the email listed on your application (or, we can take a payment over the phone if you prefer). If you are mailing a check, send it to:

Klamath Falls Downtown Association

PO Box 372

Klamath Falls, Oregon 97603