



Hermiston Plan Center Application

1565 N. 1st Street, Suite 8A Hermiston, OR 97838
541-564-0420 Phone 541-564-0396 Fax

<http://www.hermistonplancenter.com>

plancenter@eoni.com

DATE _____

I/We hereby make application for membership in the Hermiston Plan Center. If accepted for membership, I/We agree to abide by the provisions set forth in the rules, regulations and policies which might be adopted by the owner. I/We will be eligible to receive all services and benefits offered by the plan center.

I/We agree that if we terminate our membership in the Hermiston Plan Center, we do hereby agree to do so by sending written notice to the owner and to pay, concurrently with such notice, all obligations to the Hermiston Plan Center including the payment of all sums due and owing.

Firm Name _____

Mailing Address _____ City _____ State _____ Zip _____

Physical Address _____ City _____ State _____ Zip _____

Phone () _____ Fax () _____ Cell () _____

Years in business _____ Number of employees _____ E-mail Address _____

Type of Business _____ Sole Proprietor _____ Partnership _____ Corporation

Name of Owner _____

Contractors License # _____ Classification _____ Exp. Date _____

Persons authorized by your firm to serve as agents to the Plan Center:

Membership Classification

Regular Membership includes all licensed contractors, suppliers, and Others with full use of the plan room facilities

Dues

\$380.00

Your check for the initial year dues must accompany this application. I have read and agree to all of the terms of this application for membership.

X _____

There are multiple payment plans. For the first year's dues, you must accompany this application with a check for the full amount of \$380.00. After your first year is up, our accounting system will automatically bill you according to what option you select here:

Annual-------You pay the entire membership fee once each year.

Bi-Annual-----You pay half the membership fee every 6 months.

Quarterly------You pay a quarter of the membership fee every three months.

(Please check by one option)