



## **Oregon Main Street Network 2011-2012 Affiliate Level Application**

Oregon Main Street provides Affiliate level organizations an opportunity to learn more about the Main Street Approach® to downtown revitalization by receiving an invitation to attend workshops and conferences sponsored by Oregon Main Street.

Our organization would like to become an Affiliate level member of the Oregon Main Street Network.

We agree to:

- Send a representative to at least one Oregon Main Street training per year (current offerings include the annual Oregon Main Street conference and quarterly Oregon Main Street Network workshops).
- Take time to learn about the Main Street Approach®.

In exchange, the Oregon Main Street Program will provide:

- Invitation and notification of all statewide Oregon Main Street workshops and conferences.
- “Introduction to the Main Street Approach®” Community Presentation (as requested).
- Phone technical assistance.

Submission Instructions:

- Application for the Oregon Main Street Affiliate level may be submitted at any time.
- The answers to the questions are to help us serve your community effectively.
- All five questions must be answered and attachments provided.
- Answers to all questions must not exceed 2 pages (8½ x 11).

**Send form to:**

Sheri Stuart, Coordinator  
Oregon Main Street  
725 Summer Street N.E., Suite C, Salem, Oregon, 97301  
Questions: 503.986.0679 or [sheri.stuart@state.or.us](mailto:sheri.stuart@state.or.us)

## Affiliate Level Commitment Statement:

\_\_\_\_\_ agrees to meet the requirements of Oregon Main Street  
(community and/or organization)  
as outlined above and will be eligible to receive Affiliate level services from Oregon Main Street if the requirements are met. We understand that our Affiliate level membership within the Oregon Main Street network does not authorize us to use the Main Street® trademark name and further understand that the Main Street® name is a trademarked brand, owned by the National Trust National Main Street Center.

\_\_\_\_\_  
Signature of Designated Contact Person

\_\_\_\_\_  
Date

### Question 1: Applicant Information (please print)

Name of designated contact person:
This person's title or affiliation:
Name of the Community:
Population:
Organization (if applicable:
Mailing address of the contact person:
City, state, zip code:
Phone number of the contact person:
Email address:

**Question 2: Briefly describe the economic and physical characteristics of your downtown district.**

**Question 3: Briefly describe the structure of your organization (if you have a board of directors and officers, attach a list).**

**Question 4: Briefly describe any efforts to improve the downtown or historic commercial district over the past 5 years.**

**Question 5: Briefly describe what you hope to achieve by participating as an Affiliate level community.**