



# 2024 Membership Application

Business/Organization Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Manager: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Social Media: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Description: \_\_\_\_\_

Membership Category: \_\_\_\_\_ Annual Fee: \_\_\_\_\_

Additional Sponsorship/Category: \_\_\_\_\_ Fee: \_\_\_\_\_

Chokecherry Booth (\$125full price): \_\_\_\_\_ Total Investment: \_\_\_\_\_

Participate and accept Chamber Bucks at business location? Yes / No

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If you have a logo for promotional purposes please email (jpeg, png, pdf) to [lewchamb@midrivers.com](mailto:lewchamb@midrivers.com)*

Tell us about your business/organization.

Year established: \_\_\_\_\_ Years of Operation: \_\_\_\_\_

Summer Hours: \_\_\_\_\_ Winter Hours: \_\_\_\_\_

Date Starting: \_\_\_\_\_ Date Starting: \_\_\_\_\_

How many years has your business/organization been a member of Lewistown Area Chamber of Commerce \_\_\_\_\_

**Remit this form with payment to:**

Lewistown Area Chamber of Commerce

408 NE Main Street office: (406) 535-5436

Lewistown MT 59457 email: [Lewchamb@midrivers.com](mailto:Lewchamb@midrivers.com)

