



2025 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

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