

MEMBERSHIP FORM

Name:					
Address:					
(PO Box / Street)					
	(City)	(State)) ((Zip)	
Phone:					
Contact Person(s)	:				
Email Address:	(IMPORTANT: You w	ill receive notificat	tion of m	neetings at this address)	
Other Emails:					
Your Website Add	ress:				
	NNUAL MEM	1BERSHIP	DUE	<u>ES</u>	
Ві	usiness Memb	ership: \$	\$50		
Fi	rst Year Memb	pership: \$	\$40		
In	dividual Mem	bership: \$	\$25		
Please make your	check payable t	o: Roundup	Char	mber of Commerce	

Please print and return this completed form with your membership fee to:

Roundup Chamber of Commerce PO Box 415 Roundup, MT 59072

What does your business provide (i.e. professional photographer, local paper, etc.)?
Please provide bio in 100 words or less
What do you bring to the Roundup Chamber of Commerce?
Why is the Roundup Chamber important to you?
How long have you been in the area?
When did you join the Chamber?
Write a short tag line for underneath your member listing on the Chamber website:
write a short tag line for underneath your member listing on the Chamber website:
What size annual member window cling would you like?
☐ 4" x 4" ☐ 6" x 6" ☐ I would prefer to not get a window cling
Would you like to receive a printed membership certificate?
☐ Yes ☐ No
On a side note: What would you like to see the Chamber support, host, or accomplish?

If there is anything else you would like us to know about your business, non-profit, or yourself, please either attach another sheet of paper, or e-mail us at roundupchamber@gmail.com.

If you are running specials (not weekly ads) or are having an open house (or any event you would like to have promoted) please send details to roundupchamber@gmail.com and we will promote it on Facebook and put it on the Community Calendar on the website (member perk). Also, send job listings to roundupchamber@gmail.com so we can post it on the website (member perk too)!