



## MEMBERSHIP FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(PO Box / Street)

\_\_\_\_\_  
(City) (State) (Zip)

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

Contact Person(s): \_\_\_\_\_

Email Address: \_\_\_\_\_  
(IMPORTANT: You will receive notification of meetings at this address)

Other Emails: \_\_\_\_\_

Your Website Address: \_\_\_\_\_

### ANNUAL MEMBERSHIP DUES

Business Membership: \$50

First Year Membership: \$40

Individual Membership: \$25

Non-Profit Membership: \$25   
with a 501(c)3

Please make your check payable to: **Roundup Chamber of Commerce**

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

Roundup Chamber of Commerce  
PO Box 415  
Roundup, MT 59072