

FORT BENTON

2017 Annual Membership Form

Business Name: _____	Contact: _____
Business Phone: _____	Toll Free: _____
Business Fax: _____	
Web Address: _____	Email: _____
Street Address: _____	PO Box: _____
City: _____	Zip: _____

Please fill out all information completely. This information is used to update our files and will be published on the Chamber's web page. Should you NOT want information published, please indicate by writing 'DNP' next to the item you would like excluded.

ANNUAL DUES	In County	
<input type="checkbox"/>	1 - 2 Employees	\$100.00
<input type="checkbox"/>	3 - 10 Employees	\$150.00
<input type="checkbox"/>	11 + Employees	\$200.00
<input type="checkbox"/>	Out of County	\$150.00
<input type="checkbox"/>	Out of State	\$250.00
	Total Membership Paid	
<input type="checkbox"/>	Friends of the Fort Benton Chamber of Commerce (non-business, non-voting)	\$50.00

Check #: _____ Date: _____ Total Paid: _____

Please send your check and this membership form to: Fort Benton Chamber of Commerce
PO Box 12
Fort Benton, MT 59442

For more information or if you have questions, please call: 406.622.3864
Please inform the Chamber of any changes to your contact details throughout the year.