



**Columbia Falls Area Chamber of Commerce**

Box 312  
 Columbia Falls, MT 59912  
 406-892-2072  
 director@columbiafallschamber.org

**Membership Application:** Please mail completed application & payment to above address

**Company Information**

**Company Name:** \_\_\_\_\_

**Member Directory Category:**

*Check up to 3 Categories that apply to your business.*

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Advertising/Media                | <input type="checkbox"/> Government & Education       | <input type="checkbox"/> Non-Profit        |
| <input type="checkbox"/> Automotive                       | <input type="checkbox"/> Health & Wellness            | <input type="checkbox"/> Public Utilities  |
| <input type="checkbox"/> Business & Professional Services | <input type="checkbox"/> Home & Garden                | <input type="checkbox"/> Real Estate       |
| <input type="checkbox"/> Construction & Contractors       | <input type="checkbox"/> Legal                        | <input type="checkbox"/> Security          |
| <input type="checkbox"/> Distribution                     | <input type="checkbox"/> Lodging                      | <input type="checkbox"/> Shopping & Retail |
| <input type="checkbox"/> Employment                       | <input type="checkbox"/> Manufacturing & Technology   | <input type="checkbox"/> Specialty         |
| <input type="checkbox"/> Event Rentals                    | <input type="checkbox"/> Marketing & Public Relations | <input type="checkbox"/> Storage           |
| <input type="checkbox"/> Finance & Insurance              | <input type="checkbox"/> Newspaper                    | <input type="checkbox"/> Tourism           |
| <input type="checkbox"/> Food & Beverage                  |   |  |

**Phone Number:** \_\_\_\_\_

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

**Facebook Link:** \_\_\_\_\_

**Instagram Link:** \_\_\_\_\_

**Physical Address:**

\_\_\_\_\_  
*Street Address*

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\_\_\_\_\_  
*City* *State* *ZIP Code*

**Mailing Address:**

Same as above

\_\_\_\_\_  
*Street Address*

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\_\_\_\_\_  
*City* *State* *ZIP Code*

|                         |             |                   |                |                  |                        |                                |
|-------------------------|-------------|-------------------|----------------|------------------|------------------------|--------------------------------|
| <i>Office Use Only:</i> | <i>QB's</i> | <i>Mail Chimp</i> | <i>Website</i> | <i>Directory</i> | <i>Newsletter List</i> | <i>Thank You Packet Mailed</i> |
|-------------------------|-------------|-------------------|----------------|------------------|------------------------|--------------------------------|

### Contact Person Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Cell Phone (opt): \_\_\_\_\_

Contact Preference:  Email  Phone

### Membership Tiers

Please select the membership tier that applies to your business. Note: Membership will not start until payment is received and processed.

**Bronze Membership: \$250.00** *Beginning stages of a business. Get your name and brand out there. Starting point for businesses looking for member only benefits and business resource tools.*

**Silver Membership: \$500.00** *For the business looking to expand their business, gain exposure to networking, marketing and promotional opportunities.*

**Gold Membership: \$1,000.00** *For the established business looking to support our community, contribute to community discussions and be an integral part in our community's growth and success.*

*\*\*\*Additional business listings/non-profits/ Individual people contact Chamber executive director for pricing.*

### Payment Preference

**Pay in Full By Card:** *Secure online payment at [www.columbiafallschamber.org/shop](http://www.columbiafallschamber.org/shop)*

**Pay in Full by Cash or Check:** *Make checks payable to Columbia Falls Area Chamber of Commerce Mail to Box 312, Columbia Falls, MT 59912*

**Quarterly Auto-Pay** *Invoices sent in January, April, July, and October  
A Chamber representative will reach out to you to set up auto-pay.*

### I PREFER MY INVOICE TO BE:

*E-mailed to Above Email Address*

*Mailed*

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

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