



THOMPSON FALLS CHAMBER OF COMMERCE
 P O Box 493
 Thompson Falls, MT 59873
 406-827-4930
 email: tfchamber@thompsonfallschamber.com
www.thompsonfallschamber.com

MEMBERSHIP ENROLLMENT FORM		
ORGANIZATION / BUSINESS INFORMATION		
Organization / Business Name:		
Contact First Name:	Contact Last Name:	
Mailing Address:		
Physical Address:		
City:	State:	ZIP Code:
Phone:	Fax:	
e-mail:	Cell Phone:	
Primary Products/Services: (Categories:)		
LINKS		
Messenger ID's: (Messenger, Skype, etc.)		
Social Media ID's: (Facebook, LinkedIn, etc.)		
Links: (Website, Blog)		
IMAGE/LOGO		
Please provide a jpg logo or images for your posting on the Chamber website. These can be emailed to tfchamber@thompsonchamber.com . Your business card can also be scanned and used as your image or logo.		
SIGNATURE		
Signature:	Date:	
Number of employees (full-time equivalents) in your business:		
Month Joining Chamber:	Dues for this fiscal year:	
DUES		
PLEASE RETURN THIS FORM ALONG WITH YOUR DUES FOR THIS FISCAL YEAR TO: Thompson Falls Chamber of Commerce PO Box 493 Thompson Falls, MT 59873 Note: Dues are annually based on date of signup	Number of Employees:	Annual Dues:
	0-5	\$60.00
	6-25	\$110.00
	26-50	\$175.00
	51-100	\$225.00
>100	\$275.00	

Note: There is a section on the Chamber website that you can have Biographical Information about your Business or Organization. If you provide this information via e-mail at tfchamber@thompsonchamber.com it can be added.