



**P. O. Box 186**  
**Eureka, MT 59917**  
**(406) 889-4636**

***New Membership Application***

Business or Individual Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Web Site: \_\_\_\_\_

Facebook, Twitter or Instagram: \_\_\_\_\_

Owner or Contact Person: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Description of your company (ie: Goods, Services, Mission,  
etc.) \_\_\_\_\_

\_\_\_\_\_

Additional Information about your  
business: \_\_\_\_\_

\_\_\_\_\_

Please return with your check Payable to Eureka Area Chamber Of Commerce.

Thank You