

PO Box 471

Augusta, MT 59410

Email: chamber@augustamontana.com

Website: augustamontana.com

2025 Member Info

Due by February 15, 2025 Member Name:	
Contact Person(s):	
Contact Information: Mailing Address: Phone: Em	City:State:Zip: ail:
Type of Membership	
Full Membership \$95	Associate Membership \$45
Payment Type:	
Cash:	Check #:
Business Information	
ensure we can share all about you as po Facebook. Website:	mation about your business as possible. We want to essible when promoting your business on our website and
Signature:	Date:
Tax Information:	CO
necessary business expense. Investments pa	er of Commerce may be tax deductible as an ordinary and aid to the chamber are not a charitable tax deduction for federal charity, but serves as an advocate organization for area businesses

Please complete and mail, with payment to:

Augusta Chamber P.O. Box 471 Augusta, MT 59410