



## Membership Application

Name of Business		Contact Name, Title	
Address		Email Address	
City, State, Zip		Website	
Phone	Number of Employees	Annual Investment	

### Business Category *(please check ONE)*

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|--|--|
| <input type="checkbox"/> Advertising/Media/Printing                  | <input type="checkbox"/> Floral/Landscaping                    |
| <input type="checkbox"/> Animal Supplies, Services & Veterinary Care | <input type="checkbox"/> Funeral Services                      |
| <input type="checkbox"/> Arts, Culture and Entertainment             | <input type="checkbox"/> Health, Medical and Wellness Services |
| <input type="checkbox"/> Associations, Clubs & Organizations         | <input type="checkbox"/> Home and Business Services            |
| <input type="checkbox"/> Automotive Sales/Services                   | <input type="checkbox"/> Lodging                               |
| <input type="checkbox"/> Beauty Salons, Spas & Massage               | <input type="checkbox"/> Manufacturing/Production              |
| <input type="checkbox"/> Camps/Campgrounds                           | <input type="checkbox"/> Professional/Business Services        |
| <input type="checkbox"/> Churches                                    | <input type="checkbox"/> Real Estate                           |
| <input type="checkbox"/> Commercial/Retail Office Space/Apartments   | <input type="checkbox"/> Restaurants, Food & Beverages         |
| <input type="checkbox"/> Contractors                                 | <input type="checkbox"/> Retail/Specialty Stores               |
| <input type="checkbox"/> Education                                   | <input type="checkbox"/> Senior Services                       |
| <input type="checkbox"/> Employment Agencies-Temporary Staffing      | <input type="checkbox"/> Sports and Recreation                 |
| <input type="checkbox"/> Financial, Insurance & Investments          | <input type="checkbox"/> Transportation Service                |

To help us welcome you in our newsletter and on our website, please provide a brief description of your business:

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### Signature of Applicant

Please Return to: Plymouth Chamber of Commerce  
 647 Walton Drive  
 Plymouth, WI 53073  
 plymouthchamber@frontier.com  
 920-893-0079

Were you referred by another Chamber Business or member? If so, who? <hr/>
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