



Membership Application

Name of Business

Contact Name, Title

Address

Email Address

City, State, Zip

Website

Phone

Number of
Employees

Annual
Investment

Additional Contacts

Business Category *(please check ONE)*

- Advertising/Media/Printing
- Animal Supplies, Services & Veterinary Care
- Arts, Culture and Entertainment
- Associations, Clubs & Organizations
- Automotive Sales/Services
- Beauty Salons, Spas & Massage
- Camps/Campgrounds
- Churches
- Commercial/Retail Office Space/Apartments
- Contractors
- Education
- Employment Agencies-Temporary Staffing
- Financial, Insurance & Investments

- Floral/Landscaping
- Funeral Services
- Health, Medical and Wellness Services
- Home and Business Services
- Lodging
- Manufacturing/Production
- Professional/Business Services
- Real Estate
- Restaurants, Food & Beverages
- Retail/Specialty Stores
- Senior Services
- Sports and Recreation
- Transportation Service

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

Signature of Applicant

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

Were you referred by another Chamber Business or member?
If so, who?
