



Plymouth Chamber of Commerce Membership Application

Name of Business Date

Street Address Contact Person

Mailing Address City, State, Zip Code

Phone Fax Email Address

Web Site Number of Employees Annual Investment (Jan-Dec)

If more than one newsletter is desired, enter names and departments here: _____

To help us "welcome" your business in our newsletter please provide a brief description of your business (1-2 sentences):

Type of Business: _____
(Example: Retail, Financial, Manufacturing, etc)

Signature of Applicant Date

Committee Interest (Optional)

Please indicate below if you are interested in serving on a committee(s). Thanks for helping the Plymouth Chamber of Commerce play a vital role in our community.

____ Economic Development _____ Community Development
____ Tourism _____ Members Services
____ Downtown Business Association

Please return to: Plymouth Chamber of Commerce
PO Box 584
Plymouth, WI 53073
Phone: (920) 893-0079 Fax: (920) 893-8473
E-mail: plymouthchamber@excel.net