

## MEMBER INFORMATION FORM

Please fill out and return to the Chilton Chamber of Commerce, PO Box 122, Chilton, WI 53014 as soon as possible. This is the information will be used to keep our records current. **PLEASE PRINT.**

Business Name as you want it to appear on your membership plaque:

\_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Website information: \_\_\_\_\_

Key Personnel: (owners, managers, key people, and their titles) **Limit of two.**

\_\_\_\_\_  
\_\_\_\_\_

Business classification (see below): \_\_\_\_\_

If your business does not fit into the classifications below, please enter an appropriate one.

General information about or description of your business: (50 words or less):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Business classifications:**

Accounting Services	Automotive	Attorneys
Bakery	Building Contractors	Day Care
Electrical Contractors	Employment Services	Entertainment
Financial Institutions	Funeral Homes	Golf Courses
Hair Care	Insurance	Investment Services
Motels	Manufacturing	Medical/Dental
Newspapers	Plumbing/Heating	Printing
Real Estate	Restaurants	Retail Stores
Taverns		

\*There will be subcategory classifications when deemed necessary.