

MEMBER INFORMATION FORM

Please fill out and return to the Chilton Chamber of Commerce, PO Box 122, Chilton, WI 53014 or email to info@chiltonchamber.com 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.