



**THANK YOU FOR JOINING THE MUKWONAGO AREA CHAMBER OF COMMERCE
& TOURISM CENTER!!!**

Business Name: _____ **Est:** _____

Primary Contact: _____ **Email:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Main Business #: _____

Billing Contact: _____ **Email:** _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Web Address: _____

Business Description for Chamber website (200 character max): _____

Keywords for Chamber website (3 word max): _____

Ribbon Cutting: YES NO **Approximate Date:** _____

Member to Member Discount: YES NO **Discount:** _____

2020 Business After 5 (Waiting list): YES NO **What time of year:** _____

I am interested in learning more about the following committees. PLEASE CIRCLE:

Spring Fling

Golf Event

Fall Fest

Midnight Magic

Signature: _____ **Date:** _____