MUKWONAGO
AREA CHAMBER OF COMMERCE

MEMBERSHIP INVESTMENT APPLICATION

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

Business Name: _____ Est: _____
Primary Contact: _____ Email: _____
Physical Address: _____
City: _____ State: _____ Zip: _____
Mailing Address (If different from above)
_____
City: _____ State: _____ Zip: _____
Main Business #: _____
Billing Contact: _____ Email: _____
Website: _____

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

Keywords for Chamber website (3 word max): _____

Open House (if physical location): YES NO Approximate Date:_____
Ribbon Cutting (if physical location): YES NO Approximate Date:_____
Member to Member Discount: YES NO Discount: _____
Interest in hosting 2026 VIBE@5: YES NO What time of year:_____

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

Spring Fling Sip, Shop, & Stroll Mother's Day Wine Walk Farmers Market

Golf Event Pour Mukwonago Wine & Beer Walk Fall Fest Midnight Magic

Signature: _____ Date: _____

262-363-7758 director@mukwonagochamber.org
www.mukwonagochamber.org