

Date: _____



www.dousmanchamber.org

PO Box 2 – Dousman, Wisconsin 53118

BUSINESS MEMBERSHIP APPLICATION
Annual Dues are \$60.00

Please fill out this form and mail it along with a check
in the amount of \$60.00 to:
Dousman Area Chamber of Commerce
PO Box 2, Dousman WI 53118

Questions? Please contact Pippa Lindwright, Chamber Secretary: 262.965.3924 /
motherpippa@milwpc.com

Business Name: _____

Business Address: _____

Phone: _____

E-mail: _____

Website: _____

CEO or President: _____

Business Representative to Chamber / Title: _____

Address and Phone (if different from above): _____

What does your business do? _____

Number of Employees: _____

Years in business: _____ Years in Dousman: _____

How can the Chamber help your business? _____

Thank you for joining!