



HISPANIC CHAMBER OF COMMERCE OF GREATER BRIDGEPORT, INC

MEMBERSHIP APPLICATION

ANNUAL DUES	
1-10 Employees	\$100
11-20 Employees	\$200
21-50 Employees	\$300
50+ Employees	\$500

What are the reason why you are joining the HCCGB? (PLEASE SELECT ALL THAT APPLY)	
<input type="checkbox"/>	Networking
<input type="checkbox"/>	Business Education
<input type="checkbox"/>	Advertising
<input type="checkbox"/>	Communication
<input type="checkbox"/>	Sponsorship
<input type="checkbox"/>	Expo Exhibiting
<input type="checkbox"/>	Speaking/Presenting Opportunities
<input type="checkbox"/>	Volunteering
<input type="checkbox"/>	Workshops

Business Name :

Phone Number :

Website:

Business Address :

City:

State:

ZIP :

Mailing Address (IF DIFFERENT):

City:

State:

ZIP :

Type of Business

of Employees
Annual Sales:
Title:

Year Established:

Primary Contact Name:

Email:

Phone:

Mobile:

Secondary Contact Name:

Email:

Phone:

Title:

Mobile:

Signature

ANNUAL DUES PAYMENT

Membership Fee	\$100	\$200	\$300	\$500	\$
Total Amount Enclosed:					\$
Balance Due:					\$

Please make the check payable to :

Hispanic Chamber of Commerce of Greater Bridgeport

Dues Paid Date

Check #

CHAMBER USE ONLY

President's Signature: _____ Date: _____

Secretary Signature: _____ Date: _____

Payment: _____ Check#: _____

PLEASE NOTE: Membership is continuous unless cancelled in writing