

MEMBERSHIP

REGISTRATION FORM

WWW.BRIDGEPORTCALIFORNIA.COM



BRIDGEPORT CHAMBER
OF COMMERCE

Business/Organization Name:

Business Type:

Physical Address:

Mailing Address:

Contact No: Email:

PERSONAL CONTACT INFORMATION

Full Name:

Contact No: Email:

Address:

Website: Facebook:

Please email a 50 words or less business description to browns0707@yahoo.com for use on the website and social media postings

Membership Type: Associate - \$70 One Business/Organization - \$150 2+ Businesses - \$210

PAYMENT INFORMATION

Payment Method: Cash Check

Amount Paid:

Check #:

Remit Application & Payment to: Bridgeport Chamber of Commerce, PO Box 541, Bridgeport, CA 93517

DECLARATION

I hereby declare that all the information provided above is true and correct. I agree to abide by the rules and regulations of the organization.

Signature:

Date: