

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: _____