

**Bridgeport Chamber of Commerce
Membership Application
P.O. Box 541
Bridgeport, Ca 93517
760-932-7500**

Business Name: _____

Mailing Address: _____

Physical Address: _____

Business Phone: _____

Website: _____

Email: _____

Type of Business: _____

Owners: _____

Membership Dues: \$120.00 per year. If an owner has more than one business, each additional business is \$60.00 per year. Please make check out to Bridgeport Chamber of Commerce and return to the address above.