



## Membership Application

### BUSINESS INFORMATION & DESCRIPTION

Complete name of business or individual (as you want it listed in our directory)

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Contact Person/Position: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone/Fax: \_\_\_\_\_

What type of business do you own?

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Product and services provided: \_\_\_\_\_

Number of Employees \_\_\_\_\_

Estimated yearly revenues: \_\_\_\_\_

Is your business minority owned

Yes  No  Male  Female

Is your business a certified MBE, WBE or WMBE

Yes  No

If Yes, please list certifying organizations: \_\_\_\_\_

Sole Proprietorship  Partnership  Joint Venture  Corporation  Other \_\_\_\_\_

### MEMBERSHIP TYPE

Non-Profit	\$ 75.00
Professional/Sole Proprietor	\$ 100.00
Small (up to 10 employees)	\$ 150.00
Medium (11 – 100 employees)	\$ 400.00
Corporate (101 Plus employees)	\$ 1,000.00

### PAYMENT INFORMATION

Make Checks Payable To:

Southern Connecticut Black Chamber of Commerce  
1019 Main Street, Suite 108  
Bridgeport, CT 06604