



**New /Renewal Membership Application**

**Date** \_\_\_\_\_

**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**

Professional/Sole Proprietor	\$ 75.00
Non-Profit	\$ 100.00
Small (up to 20 employees)	\$ 150.00
Medium (21 – 100 employees)	\$ 300.00
Corporate (101 Plus employees)	\$ 500.00

**PAYMENT INFORMATION**

Make Checks Payable To:  
Mail to:

Southern Connecticut Black Chamber of Commerce  
Bridgeport Trade & Tech Center, Suite 104  
510 Barnum Avenue, Bridgeport, CT 06608