



Birch Run  Bridgeport  
Chamber of Commerce

**MEMBERSHIP APPLICATION**

Business Name: \_\_\_\_\_

Business Owner/Manager: \_\_\_\_\_

Primary Contact/Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Business Website: \_\_\_\_\_

Business Information (hours, years in business, services provided): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Payment can be made in the form of Cash, Check or Credit Card. If planning to pay by credit card, please call the Chamber Office.

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