



# Membership Form

\_\_\_\_\_ **Membership Renewal**

**Annual Fee: \$100/Year**

\_\_\_\_\_ **New Member**

**Mail To: PO Box 484, Brigantine, NJ 08203**

**Phone: 888-217-1110**  
**info@brigantinechamber.com**

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

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

**Contact Name:** \_\_\_\_\_

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

**Business Phone #:** \_\_\_\_\_

**Alternate Phone #:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**For Office Use:**

**Date Paid:** \_\_\_\_\_

**Amount Paid:** \_\_\_\_\_