



**Bellflower
Chamber of Commerce**

Membership Investment Application

Company Name: _____

Contact Person: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

Website: _____

Number of Employees: _____ Year Established: _____

Type of Business: _____

Signature: _____

Date: _____