

**CAHCEO, INC.  
2024 MEMBERSHIP APPLICATION**



Mail completed application with dues payable to:

**Mail to: C.A.H.C.E.O., Inc.  
c/o Sean Tipps, RS - CAHCEO Treasurer  
City of Bridgeport  
City Hall Annex  
999 Broad Street  
Bridgeport, CT 06604  
(203) 332-5531**

Active Member ( ) \$35.00 Associate Member ( ) \$40.00 Retired Member ( ) N/C

*Please check preferred mailing method: Email ( ) Fax ( ) Mail ( )*

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

Employer: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Position/Title \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone (optional): \_\_\_\_\_ Cell Phone: (optional): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_