

# Membership Application

2009

Thank you for your interest in membership in the Blowing Rock Chamber of Commerce. Please complete this application below and return to P. O. Box 406, Blowing Rock, N. C. 28605 or fax to 828-295-4643. Please call 295-7851 for your pro-rated dues investment and enclose check.

Company \_\_\_\_\_ Date \_\_\_\_\_  
 Primary Contact \_\_\_\_\_ Email Address \_\_\_\_\_  
 Secondary Contact \_\_\_\_\_ Email Address \_\_\_\_\_  
 Business Phone # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_  
 Emergency Phone # (\_\_\_\_) \_\_\_\_\_  Cell Phone# (\_\_\_\_) \_\_\_\_\_  
 Toll Free # (\_\_\_\_) \_\_\_\_\_ Office Phone # (\_\_\_\_) \_\_\_\_\_  
 Physical Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Mailing Address of Business: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Billing Contact Name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Website Address \_\_\_\_\_ # Employees (FT) \_\_\_\_ (PT) \_\_\_\_  
 Website Listing Category \_\_\_\_\_ Dues Category \_\_\_\_\_  
 Annual Dues Investment \_\_\_\_\_ Primary Business  Second Business   
 Signature \_\_\_\_\_  
 What do you expect to gain from your chamber membership? \_\_\_\_\_

I am interested in the following committees:

- Events  Business Support  Economic Development  Community & Government  Other

Please e-mail a description (40 words or less) of your business as you wish it to appear in the Business Directory and on our website to [membership@BlowingRock.com](mailto:membership@BlowingRock.com)

Section below for office use only

- Accounting  Website  Chamber Site  Decal  Welcome email  Logo  Description  File

