



The Chamber means business

Business Membership Application

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

Email to Cathy@blowingrock.com. Please call 828-295-7851 for your dues investment.

Checks and major credit cards accepted.

Company Name: _____ Date: _____

Primary Contact: _____ Email Address: _____

Business Phone # (____) _____ Cell Phone # (____) _____

Title: _____

Secondary Contact: _____ Email Address: _____

Business Phone # (____) _____ Cell Phone # (____) _____

Title: _____

Physical Address for Business: _____

City: _____ State: _____ Zip: _____

Billing Information

Contact: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Billing Method: _____ Mail _____ Email

Website Address: _____ #Employees (FT) _____ (PT) _____

Generic Business Email Address: _____

What do you expect to gain from your Chamber membership? _____

What do you expect the Chamber to do for you? _____

I am interested in serving on the following committees:

- Communications and Marketing
- Business and Entrepreneur Development
- Community, Government, and Education
- Membership Ambassador
- Economic Development Council

Materials Required by Chamber:

- Business Logo
- Photo for Website
- Description of business (1 paragraph)

Signature: _____

Date: _____

Section below for office use only

Category of Membership: _____ Annual Dues Investment: _____

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Welcome Packet Received

Database Setup