



*The Chamber means business*

## Residential Membership Application

Thank you for your interest in membership with the  
Blowing Rock Chamber of Commerce!  
We are proud of our vibrant community of business and individuals who work together to help  
Blowing Rock thrive.

Please complete this application below and return to:  
P.O. Box 406, Blowing Rock NC 28605 Or email [Cathy@blowingrock.com](mailto:Cathy@blowingrock.com)  
Annual Dues Investment: \$100 Individual/ \$125 Couple - We accept checks and major credit cards.

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

Spouse Name (If Applicable): \_\_\_\_\_

Primary Phone # (\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_) \_\_\_\_\_

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

Primary Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary/Seasonal Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

What do you expect to gain from your Chamber membership? \_\_\_\_\_

Membership Type:     Single (\$100)             Couple (\$125)

I am interested in volunteering for the Blowing Rock Chamber of Commerce:

Yes             No

I am interested in volunteering on the following committees:

- |   |  |
|---|--|
| <input type="checkbox"/> Communications and Marketing         | <input type="checkbox"/> Business and Entrepreneur Development |
| <input type="checkbox"/> Community, Government, and Education | <input type="checkbox"/> Membership Ambassador                 |
| <input type="checkbox"/> Economic Development Council         |  |

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

### Section below for office use only

Paid (\$100/\$125)             Welcome Packet Received             Database Set Up