

Membership Application

2008

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

Company _____ **Date** _____

Contact _____

Phone #(____) _____ **Mobile #**(____) _____

Fax # (____) _____ **Toll Free #**(____) _____

Office # (____) _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Billing Contact Name: _____

Phone # (____) _____ **Address:** _____

City _____ **State** _____ **Zip** _____

Website _____

E-mail _____

Physical Address _____

City _____ **State** _____ **Zip** _____

Business Listing Category _____

Dues Category _____ **Annual Dues** _____

Primary Business **Second Business**

Signature _____

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.

Section below for office use only

Accounting

Chamber Site

Welcome E-mail

Website

Letter/Decal

Logo/Picture

File

Description

