



BLUE RIDGE

CHAMBER of COMMERCE

small town, **BIG** ideas!

BLUE RIDGE CHAMBER OF COMMERCE MEMBERSHIP APPLICATION

New Membership Renewal

COMPANY INFORMATION:

Application Date: _____

Company Name (*as you would like it to appear in our directory*): _____

Address: _____

City, State, Zip: _____

Main Phone: (____) _____ Web Site: _____

Business Category: _____

Number of Full-Time Employees: _____ Number of Part-Time Employees: _____

Please give a brief description of your business (35 words or less): _____

Contact Information:

Primary Contact Name: _____

Title: _____

Phone: (____) _____ Email: _____

Billing Information:

Billing Contact Name: _____

Title: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ Email: _____

Thank you! A member services representative will contact you soon to finalize your application. If you have any questions, call us at 972-752-5210 or blueridgechamber@blueridgecity.com Visit us online at www.blueridgecity.com

MEMBERSHIP INVESTMENT	
<input type="checkbox"/> Corporate or Partnership .	\$100
<input type="checkbox"/> Large Business.	\$100 <i>10 or more employees</i>
<input type="checkbox"/> Medium Business.	\$75 <i>9 or fewer employees</i>
<input type="checkbox"/> Small Business.	\$50 <i>5 or fewer employees</i>
<input type="checkbox"/> Individual Business	\$50
<input type="checkbox"/> Non-Profit or Civic Organizations	\$25
<input type="checkbox"/> Individual	\$25