



## NEW INDIVIDUAL MEMBER APPLICATION

*All applications for Chamber Individual memberships are subject to review and approval by the Board of Directors.*

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

Mailing Address: \_\_\_\_\_ City, State, & Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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### Payment Information

*We provide secure online payment for your future membership renewals.*

How would like to receive your invoice? (*check one*) Email \_\_\_\_\_ Postal Mail \_\_\_\_\_

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As an Individual Chamber Member, I understand my membership includes receiving the weekly E-News and invitations to all Chamber events. I also understand with an Individual Membership, I am unable to display any business cards and/or promotional materials in the Chamber Visitor Center. I hereby give my permission for the Ashe County Chamber of Commerce and Visitor Center to contact me via the information provided above.

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

*Thank you for supporting the Ashe Chamber of Commerce!*

#### For Office Use:

Date Applied: \_\_\_\_\_

Fee Collected: \$ \_\_\_\_\_ Payment Type: Cash/Check/Charge Payment Date: \_\_\_\_\_

Board Approval: Yes/No \_\_\_\_\_ Date \_\_\_\_\_ Notified Applicant: \_\_\_\_\_ Date \_\_\_\_\_