**Blowing Rock Historical Society**

**Membership Form**

**Blowing Rock Historical Society PO Box 804 Blowing Rock, NC 28605**

**Contact Information**

Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Email Address(es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Communication Preference**

Please check any or all communications you wish to receive by email. If not checked, we will assume email communication for all.

\_\_\_ Day-to-Day Communication \_\_\_ Newsl**etter**

**Membership Level**

\_\_\_ Faculty/Student ($15) \_\_\_ Individual ($35)

\_\_\_ Family ($50) \_\_\_ Patron ($100)

\_\_\_ Founder ($500) \_\_\_ Business Supporter ($500)

\_\_\_ Sustainer ($1,000)

Please mail check to the address referenced above.

**Volunteer Opportunities**

As a volunteer organization, we NEED your help – please check any area(s) that are of interest to you.

\_\_\_ Artists in Residence \_\_\_ Curation & Exhibits

\_\_\_ Events \_\_\_ Marketing/Publicity/Newsletter

\_\_\_ Membership \_\_\_ Museum Docent

**Referrals**

Do you know of someone who might be interested in becoming a BRHS member? If yes, please list their name and contact information, and we will send them an invitation to join.

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