



Membership Renewal Application

Please complete this information to renew your EEP membership:
(formerly GoBRT membership)

Primary Contact: _____

Company Name: _____

Admin mailing Address: _____

City, State, Zip: _____

Business Phone: _____

Email of primary contact (please print) _____

County/ City of Primary Member _____

Best Contact's Phone (preferably cell): _____

Preferred method of contacting (text, email, DRM): _____

Type Membership:

Encore Elite Partners –

Emerald - \$1999

Gold - \$999

Silver - \$499

Taste of Blue Ridge / Kids Trail Sponsorships

\$250 - \$10,000 - (customized to the sponsor's needs – requires contacting Nancy Craun for availability)

Taste of Blue Ridge – Special Categories

Chefs - \$500

Encore Elite Partners

P.O. Box 481 Shepherdstown, WV 25443

Artisan – Farmers – (Not open to the public)

Gold - \$500

Silver -

\$225

Bronze -

\$100

Select Your Member Type

Business/Member Name

Amount

Member Type

Total Due \$_____

Payment Options

Check

Payable to Encore Elite Partners, P.O. Box 481, Shepherdstown, WV 25443

Credit Card

Pay online or submit credit card information below.

We accept Visa, Master Card, and American Express.

Card number _____

Expires _____ Security Code _____

Name on Card _____

Billing Address _____

City, State, Zip _____

Full balance will be charged unless otherwise specified and approved by EEP.

Please send invoice: _____

Billing information if different from Admin billing address.

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Questions -

Call 540-533-1853 or email at nancy@eep.marketing to request a return call.

Encore Elite Partners

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Kids Pocket Map

Members are encouraged to display and distribute pocket maps and they will be shipped free of charge. Please order in multiples of 500. Smaller quantities can also be provided.

How many would you like to have sent to you? _____

If shipping address is different from Admin address, please fill in below:

Contact Name: _____

Business: _____

Address: _____

City, State, Zip: _____

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