



Member to Member Discount Form

Company Name _____

Company Address _____

Phone Number _____ Fax Number _____

Contact Name _____

Email Address: _____

Website Address: _____

Description of Discount (Please look at other online discounts already on the Chamber website to pattern your text)

O Email a jpg file of your company logo to sandy@chesterfieldchamber.com

By completing this document, the applicant agrees to the terms and conditions set forth in the Member Services Policy. This agreement is subject to review annually by the Membership Committee.

Signature of Applicant

Date

Fax to 804-425-5669 when complete or send via email to sandy@chesterfieldchamber.com