

MEMBER 2 MEMBER SAVINGS PROGRAM APPLICATION

Chamber Member: _____

Company Address: _____

Contact Person: _____

Position/Title: _____

Phone: _____ Fax: _____

E-mail address: _____

Website: _____

Brief Company description:

MEMBER TO MEMBER Benefit Please list benefits your company will provide to Chamber Members presenting their Membership Card. (Ex: 15% discount on selected items, receive a \$10 gift card with \$100 or more purchase, free delivery etc.)

I understand that I must be a member of the Fort St. John & District Chamber of Commerce to participate in this program and agree to participate in the Member to Member Benefit Program for a minimum of 1 year. After which you may have your benefit removed from the program. I also understand that all submissions are subject to approval by the Fort St. John & District Chamber of Commerce.

Signature: _____ Date: _____