



MEMBER TO MEMBER DISCOUNT PROGRAM APPLICATION

Company _____ Your Name _____

Phone _____ Fax _____

Address _____ City _____ State _____ Zip _____

Web-site _____ E-mail _____

1. Do you feel a Member to Member Discount Program sponsored by the Crossroads Chamber of Commerce would be a benefit to you and your employees?

Yes No

If no, please explain why _____

2. Would you be willing to offer a Member to Member Discount Program by offering some type of discount for other Chamber members and their employees?

Yes No

If no, please explain why _____

If you answered no to the above questions- Thank you for your input, no need to continue

3. What type of discount would you make available to other Chamber members and their employees?

5% off of purchase of product/service 10% off purchase of product/service
 15% off of purchase of product/service 20% off purchase of product/service
 25% off of purchase of product/service % off purchase of product/service

Please provide a description in 35 words or less of the product/service that you will be offering.

The program is designed to offer discounts from year to year.

To get the most "bang for your buck" we ask that you do not stipulate an expiration date.

We will continue to post new enrollees and updates in our monthly newsletter - Focus On Business.

You may view the current discount booklet on line at the Chamber website www.crossroadschamber.org