



P.O. Box 217 · Clawson, MI 48017 · 248-435-6500 · Fax 248-435-6868
www.clawsonchamber.com

MEMBER-2-MEMBER BENEFIT PROGRAM Enrollment Form

Yes! I would like to be included in the Member-2-Member Benefits Program.

Contact Name _____ Phone No. (____) _____

Company Name _____

Street Address _____

City _____ State _____ Zip _____

Please include the following offer in the listing of Member-2-Member Benefits.

I agree to offer the fore mentioned discount/benefit to the contact members of the Clawson Chamber of Commerce. I understand that I may withdraw or alter the offer of a discount/benefit at any time upon notification of the chamber office.

Signature _____

Title _____ Date _____

<i>For office use only</i>
DB _____ DE _____ INIT _____