

PLEASE FILL OUT

Company/Organization: _____

Contact Name: _____ Title: _____

Business Street Address: _____

Mailing Address: _____

City _____ State _____ Zip _____

Business Telephone: (_____) _____ Fax (_____) _____

Website: _____

Email (required): _____

New Participant: _____ Current Participant: _____

I agree to:

- Honor the discount offered to all Chamber Members
- Effectively train my staff in implementing my company discount/gift
- Accept all Marlborough Regional Chamber of Commerce electronic CDA Card as valid recipients of this program
- State clearly my company's commitment to the CDA Discount Program

DISCOUNT THAT IS OFFERED TO OTHER CHAMBER MEMBERS:

Member Signature: _____ Date: _____

Thank you for agreeing to participating in the Marlborough Regional Chamber C.D.A. Program.

You can return this form by email to:
Jennifer Campbell
jcampbell@marlboroughchamber.org