

Member - 2 - Member Discount Program



APPLICATION

Take advantage of this offer by completing the following form and returning it to Fountain Inn Chamber of Commerce at **102 Depot St.** Fountain Inn, SC 29644 or by fax to 864-862-1086, or email to: Info@fountaininnchamber.org.

Yes, Sign me up to participate!

Please PRINT

Business Name: _____

Contact Name: _____

Email: _____ Phone: _____

Description of Discount or Special Offer: *Must give a Specific Value* _____

**NOTE: You may change discount to be given at any time!
Just fax or e-mail new signed application with change(s) to the Chamber.**

By signing this application, I agree to be a participating Fountain Inn Chamber of Commerce **Member-2-Member** discount provider and will give discounts to all Fountain Inn Chamber of Commerce members *and their employees* as noted in the Chamber's Member-2-Member literature, and to indemnify, defend and hold the Fountain Inn Chamber of Commerce, its board of directors, employees, and membership, harmless against any and all losses, liabilities, damages, costs and claims. I will offer this discount on a yearly basis renewable every year through my Chamber annual Membership renewal. I agree to abide by the above information and fully understand that it is my responsibility to notify the Chamber of any and all changes immediately.

Authorized By: _____
Participating Business Owner

Date: _____

For Office Use Only: Date Posted _____

Decal: Member card (s) _____