

Shelby County Chamber of Commerce **Member to Member Discount Program Application**

Shelby County Chamber's Member to Member Program is designed to benefit our members in several ways, first by encouraging our members to buy from one another, to boost member sales, and to save you and your business money. This program is provided at no cost and is available only to our members. For more information, please visit our website at www.shelbycountychamber.com, or contact Shelley Goodwin at 633-1636 or via email at shelley@shelbycountychamber.com

Please complete the following application to authorize your participation in the Member to Member Discount Program. The following criteria must be met in order for your discount to be included. Applications must be signed by an authorized company representative indicating agreement with the following criteria:

- Discounts must be available to all Chamber members and their employees.
- Discounts must have a defined value in the form of free or discounted services or merchandise. Free consultation offers not accepted.
- Terms and restrictions will be defined by the offering member and must be fully disclosed as part of the offer.
- Discount offer cannot be something that is also offered to the general public.
- Members will submit and update their discount offers through the Chamber website.
- Members without internet access may submit discount information to Chamber staff to be posted on website.
- Participants are responsible for updating their offer on an as needed basis.
- Shelby County Chamber of Commerce reserves the right to decline or remove any discount at any time.
- Shelby County Chamber of Commerce assumes no responsibility for information that is outdated or incorrect.
- Shelby County Chamber of Commerce reserves the right to change or cancel the Member to Member Discount program at any time.

CONTACT INFORMATION & AUTHORIZATION

Please provide the name of your company representative responsible for handling the discount program.

***Note: If this contact information changes, it is the company's responsibility to update the Chamber of Commerce.*

Member Company Name _____

Contact Name & Title _____

Phone _____

Email _____

I agree to abide by the criteria listed above.

X _____

Signature of Authorized Representative

Please fax this form to (502) 633-7501
Or mail to Shelby County Chamber of Commerce, 316 Main Street, Shelbyville, KY 40065