MEMBER TO MEMBER

DISCOUNT PROGRAM

REGISTRATION FORM

Name of Business

Date :

D D M M Y Y Y Y

INFORMATION

Contact Name :

Address :

City :

Postal Code :

E-Mail :

Phone :

By submitting this form you agree to offer the following discount to NOTL Chamber members.

You can withdraw anytime from the program by submitting your intent via email to kathy@niagaraonthelake.com

Signature

Print Name

More Information :
NOTL Chamber of Commerce
905-468-1950
www.chambernotl.com

THANK YOU FOR YOUR PARTICIPATION