



**MANCHESTER AREA  
CHAMBER OF COMMERCE**  
P.O. Box 521 • Manchester, MI 48158-0521  
Phone (734)476-4565  
www.48158.com

Manchester Area Chamber of Commerce Member to Member Discount Program Application

Manchester Area 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.manchestermi.org](http://www.manchestermi.org) or contact Janet Larson at 734-476-4565 or via email at [president@manchestermi.org](mailto:president@manchestermi.org).

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.
- Participants are responsible for updating their offer on an as needed basis.
- Manchester Area Chamber of Commerce reserves the right to decline or remove any discount at any time.
- Manchester Area Chamber of Commerce assumes no responsibility for information that is outdated or incorrect.
- Manchester Area 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 \_\_\_\_\_

Member Offer \_\_\_\_\_

I agree to abide by the criteria listed above.

X \_\_\_\_\_

Signature of Authorized Representative

Mail to Manchester Area Chamber of Commerce, Po Box 521 Manchester MI 48158