

**Salamanca Area Chamber of Commerce
Member-to-Member Discount Program**

YES, I want to participate in the Member-to-Member Discount Program!

Company Name: _____

Contact Person: _____

Address: _____

City: _____ State _____ Zip Code _____

Phone: _____ FAX _____

Email: _____

Type of Discount offered (please be explicit): _____

Discount Guidelines:

- Discounts must be a minimum of 10% (15% is suggested)
- Discounts must apply to actual goods and services
- Discounts must be ongoing, not one-time only
- “Free consultation” offers not accepted

Return the completed form to:
Salamanca Area Chamber of Commerce
26 Main Street ~ Salamanca, NY 14779
Or FAX 716-945-2034