



## Enrollment Form

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Address

( \_\_\_\_\_ )

\_\_\_\_\_  
Phone

www. \_\_\_\_\_  
Website

\_\_\_\_\_ @

\_\_\_\_\_  
Email Address

I have read through the program guidelines and I agree to offer the above stated discount to members of the Schuylkill Chamber of Commerce beginning March 1, 2006. I understand that I must contact the Schuylkill Chamber in a timely manner if I decide to discontinue my participation in the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Use reverse side to fully describe your discount.*



**Member**  
**to**  
**Member**

**Discount Program**



91 S. Progress Ave.  
Pottsville, PA 17901



