GREATER TAMPA CHAMBER OF COMMERCE

MEMBER-TO-MEMBER DISCOUNTS

CONTACT INFORMATION

Please supply 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 let the Chamber know.)

Company Name_____

Website_____

Name/title_____

Phone (extension)_____ **Email**_____

DISCOUNT CRITERIA

Discounts must have a specific value. Discounts must be exclusive to Chamber members rather than a general discount offered through other organizations. (Please do not include consultations.)

Using the boxes below, describe the discount offered and your services. This will appear under your company name on the Member-to-Member Discount page at www.tampachamber.com with a hyperlink to your website. We suggest using this hyperlink to point to a designated discount page. **One character per box, including spaces, please.**

I agree to abide by the above information and fully understand that it is my responsibility to notify the Chamber of any changes immediately.

Authorized signature **Title** **Date**

For questions, call Brianna Faulkner 813.276.9421. Please return your completed application to the Greater Tampa Chamber of Commerce, PO Box 420 Tampa, FL 33601 or fax to 813.223.7899.

For office use only

Category_____ **Date sent to web site**_____