



FOR OFFICE USE ONLY

Category \_\_\_\_\_

Date of entry \_\_\_\_\_

### *Exclusive Membership Bonus Program Application*

Please complete the form below, sign, and date.

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ WEB ADDRESS \_\_\_\_\_

*NEW PARTICIPANT* \_\_\_\_\_ *CURRENT Participant* \_\_\_\_\_ *changed Offer Below*

I agree to:

- Honor the discount offered to all card-carrying customers
- Effectively train my staff in implementing my company discount/gift
- Accept all Marlborough Regional Chamber of Commerce EMB cards as valid recipients of this program
- State clearly my company's commitment to the EMB Discount Program
- Discount must be "*unique to Marlborough Regional Chamber* " discount/gift as stated specifically...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Thank you for agreeing to participate in the Marlborough Regional Chamber EMB Program. Return form by mail, email or fax to:*

Marlborough Regional Chamber of Commerce  
 11 Florence St. • Marlborough, MA 01752  
 508-485-7746 (p)/508-481-1819(F)  
 Email with **EMB** in  
 subject line to:  
 marlcham@marlboroughchamber.org