



MEMBER 2 MEMBER

BENEFIT COMMITMENT FORM



The Chamber is ever-increasing the list of benefits for members. We want to give all our members a chance to "scratch each other's back". The Chamber is looking for useful benefits that businesses can offer other Clinton Chamber members.

What will you contribute?

Benefit Description:

Business:	Contact Person:
Phone:	Email:

*By signing, you agree to offer the Member 2 Member benefit to all active Clinton Chamber members in the manner and for the duration described above. If no time limit is indicated, the benefit will remain in effect until you notify the Chamber in writing of its termination.

Signature: