Shop Chamber Members First
Incentive Program

ENROLLMENT FORM

Chamber Business Name:_____

Contact Name:_____

Address:_____

City:_____ **State:**_____ **Zip:**_____

E-mail:_____

Phone:_____ **Fax:** _____

My discounts will be for ☐ **Products** ☐ **Services** ☐ **Products & Services**

Brief description of what we will offer:
Duration of discount:

By completing this form, it confirms our interest in participating in the Shop Chamber Members First Incentive Program. We understand that no membership identification cards will be issued to Chamber members, and if needed, Chamber membership can be confirmed by visiting the Chamber website at www.henrycounty.com or calling the Chamber at 770-957-5786.

Please e-mail your enrollment form to memberservices@henrycounty.com
Or fax to: 770-957-8030