



Registration Form



Yes, I would like to participate in The Chamber's Members First program and provide savings to fellow Chamber members.

Company Name _____

Contact Person for Chamber Follow-up _____

Address _____

City _____

State _____

ZIP _____

Phone _____

E-mail (not published - for Chamber use only) _____

Web Address _____

Company and Discount Description (50 words or less)* _____

Instructions for Redeeming (List contact person, if applicable) _____

* Listings will be placed on the Members First page of The Chamber Web site within 10 business days of receipt. The Chamber reserves the right to edit content.

Requested Business Category _____

Date _____

Offer Good Through _____
(minimum 6 months from registration date)

To Submit Registration

- **FAX:** 574.289.0358 or
- **MAIL:** The Chamber of Commerce of St. Joseph County
Attn: Members First
P.O. Box 1677
South Bend, IN 46634-1677