

MAUI CHAMBER OF COMMERCE MEMBERSHIP DISCOUNTS PROGRAM

To become a participating company and to maximize the promotional opportunities for your business, please complete this form no later than **APRIL 24, 2009**.

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

WEBSITE: _____

EMAIL: _____

CONTACT: _____

TEL: _____ FAX: _____

OUR DISCOUNTS WILL BE FOR: PRODUCTS SERVICES PRODUCTS & SERVICES

BRIEF DESCRIPTION OF WHAT WE WILL OFFER (NO MORE THAN 40 WORDS): _____

By checking off this box, we confirm our interest in participating in the Chamber Member Benefits Discount Program and that the above discount terms are of greater value than the discounts offered to the general public.

By checking off this box, we confirm our intention to offer these discounts until at least 6/30/10.

Authorized Signature

Print Name: _____

Please fax this form back to the Maui Chamber of Commerce at 871-0706.