



South Windsor Chamber of Commerce

Member Deals Program

Enrollment Form: *This information will be used as the contact information for your Member Deals.*

Contact Name: _____

Business Name: _____

Phone: _____

Email: _____

Website: _____

Member Deals (25 words or less):

Exclusions:

Signature: _____

Date: _____

**Please return the Enrollment Form by emailing to amy@southwindsorchamber.org
or fax (860) 648-1911**