



304 West Main St., Suite 2 # 206  
Avon, CT 06001  
(860) 675-4832  
[www.avonchamber.com](http://www.avonchamber.com)

## **Membership Labels Order & Waiver Form**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Purpose of Mailing: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I agree that in obtaining the mailing labels from the Avon/Canton Chamber of Commerce that I will distribute materials to these individuals that are of an official business nature and high standard. In addition, I will not make any reference to the Avon/Canton Chamber of Commerce and in no way will there be any implication of endorsement of the product or service by the Avon/Canton Chamber of Commerce. I understand that the labels is the property of the Avon/Canton Chamber of Commerce and therefore not to be copied or duplicated in any fashion.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This contract must be submitted before labels will be distributed.

Please complete this form and scan and email it to [acocbookkeeper@sbcglobal.net](mailto:acocbookkeeper@sbcglobal.net),  
or mail it to:

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