

304 West Main St., Suite 2 #206 Avon, CT 06001 Phone 860.675.4832 acocbookkeeper@sbcglobal.net www.avonchamber.com

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

| Date:  |  |   |
|--|--|---|
| Company Name:  |  |   |
| Address:   |  |   |
| City:  | State:   | Zip:  |
| Purpose of Mailing:  |  |   |
| I agree that in obtaining the mailing label that I will distribute materials to these ind and high standard. In addition, I will not r Commerce and in no way will there be a service by the Avon Chamber of Comme property of the Avon Chamber of Commeduplicated in any fashion. | ividuals that are<br>make any referei<br>ny implication of<br>rce. I understan | of an official business nature<br>nce to the Avon Chamber of<br>endorsement of the product or<br>d that the labels or list is the |
| Signature:   | Date: _  |   |

This contract must be submitted before labels or list will be distributed. Please complete this form and return to:

Scan and Email To:

acocbookkeeper@sbcglobal.net

OR

By Mail:

Avon Chamber of Commerce 304 West Main St., Suite 2 #206 Avon, Ct 06001