

Greater Honesdale Partnership - MEMBER 2 MEMBER

I agree to participate in Greater Honesdale Partnership's *Member 2 Member Discount Program* by offering fellow members a discount.

Please indicate: One Time Only Offer Ongoing Offer

Company Name:

Company Representative Authorizing Discount(s): _____

Phone: _____

Email: _____

Details of Discount(s) Offered:

Date: _____

Signature: _____

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