



Member to Member Discount Program Agreement

Business Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Discount offered: \_\_\_\_\_

\_\_\_\_\_

Other details: \_\_\_\_\_

\_\_\_\_\_

**You may change discount at any time by mailing a new signed Member to Member Agreement form.**

Authorized By: (printed name) \_\_\_\_\_

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

Membership dues must be paid to participate.

Office Use Only WS _____ NWLT _____
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