



North Andover Merchants Association APPLICATION FOR Member to Member Discount Program

If you are offering more than one discount, please complete a separate form for each offer. Please be clear in spelling out any restrictions, limitations, expiration dates, to whom you are extending the offer, etc. You may change your discount offer or cancel your participation in the program by notifying Sylvie Foulds in writing at: sylf19@comcast.net.

Please complete the application in full and mail, or email a scanned copy to:
North Andover Merchants Association, Attn.: Sylvie Foulds, PO Box 62, North Andover, MA 01845

NAMA Member: Last Name _____ First Name(s): _____

Business Name : _____

Mailing Address: _____

E-Mail Address: _____

Phone Number: _____

Website: _____

Please describe your offer in detail: _____

Signature of Person Making Offer

Position/Title

Date