



304 West Main St., Suite 2 # 206
Avon, CT 06001
(860) 675-4832
www.avoncantonchamber.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,
or mail it to:

Avon/Canton Chamber of Commerce
304 West Main St., Suite 2 # 206
Avon, CT 06001