



Member to Member Discount Participation Form 2008

Don't miss this opportunity to serve fellow women in business and market your company to fellow AWE members.

Inclusion in the member to member discount is exclusive to current members in good standing only.

(* Indicates required information)

MEMBER NAME:* _____
first last

COMPANY NAME:* _____

List you industry (health care, insurance...) and briefly describe your primary goods or services:* _____

Address: _____

City: _____

State: _____ Zip: _____

Phone:* (_____) _____

Fax:* (_____) _____

E-Mail: _____

Web site: _____

Briefly describe your discount for AWE West Michigan Members:* _____

If you have any restrictions or limits with your offer please include here: _____

Would you like to extend your member discount with AWE Lakeshore members also?

yes no

Are you interested in helping AWE serve women entrepreneurs by helping a committee?

yes no

Do you have a committee preference? Marketing Membership Programs

Comments/Suggestions: _____

SAMPLE FORMAT:

INDUSTRY

Name of your company. Specific discount or offer. Please include details, any restrictions or expiration dates. Two to four sentences of information may be included. **Member name, and best way to contact your company.**

SAMPLE MEMBER TO MEMBER OFFERS:

CLEANING

Kwik N' Kleen 10% off all services to any member. House-keeping prices are very affordable. Help pay for your AWE dues by saving money on your cleaning.

DECORATING

Finishing Touches By Kim, LLC. Interior Decorating Services. \$10.00 off per hour charge. Contact Kim Schwamberger.

GRAPHIC DESIGN/ MARKETING

Connection Graphics One free monthly electronic newsletter design and delivery with annual monthly campaign package. Contact: Connie Sweet www.connectiongraphics.com

HEALTH CARE

The Essential Health Plan of West Michigan Center for Family Health from West Michigan Center for Family Health, offers unlimited primary care service for one annual fee. AWE members will not be charged a finance charge for the payment plan. Contact Sue Rios 366-3015 for details.

Please return complete form by March 31 to: Sue Rios by fax: 616-363-3015 or email sjrios1@yahoo.com