

CENTER LB MEMBERSHIP CAMPAIGN BUSINESS PARTNER AGREEMENT

Thank you for supporting The Center Long Beach Business Partner Membership Campaign by offering a discount or services through your business. Please fill out the Business Partner Agreement below indicating the exact nature of your discount or services.

Business Name: _____ Primary Business Category: _____

Contact Person: _____ Title: _____

Business Address: _____
(As it appears in directory) City State Zip

Telephone Number: (____) _____ - _____ Alternate Number: (____) _____ - _____

Mailing Address: _____
(If different from business) City State Zip

E-mail: _____ Website: _____

By signing below you agree to provide The Center Long Beach members with a discount or services of:
(Please write in below your discount or services)

Business Representative Signature

The Center Representative Signature

Date

Please complete and sign this Business Partner Agreement and mail or fax to:

The Center Long Beach
C/O Membership
2017 East Fourth Street
Long Beach, CA 90814
(562) 433-6428 fax

