Dear valued CIBPA HH members,

We would like to offer every member of CIBPA HH the opportunity to participate in our Member to Member Rewards and Benefits Program. As a valued CIBPA HH member, you will be able to take advantage of benefits offered between CIBPA HH members.

This program will instill member value with CIBPA HH. Participating in the program encourages “local first” business support to those in our community. Additionally, the program builds business to business relationships, where members buy from other members to enjoy benefits, increase visibility and promote new business for your company.

This program is voluntary. If you would like to participate in offering rewards with fellow CIBPA HH members, it is required that you fill in the “Opt-In Rewards and Benefits Program Form” below. Once you choose to opt-in, you will have access to great benefits.

Participating members can be found on the CIBPA HH website in the Member’s Area, in addition to the quarterly newsletter. We look forward to you becoming involved in the commencement of this program being offered for the benefit of our members.

**OPT-IN REWARDS & BENEFITS PROGRAM FORM**

|  |  |
| --- | --- |
| Date: |  |
| Company Name: |  |
| Mailing Address: |  |
| Authorized Contact Person: |  |
| Phone: | Website: |
| Fax: | E-mail: |
| Benefits/Rewards being offered: |  |
| Locations where discount is valid: |  |
| Date benefits expires: |  |
| Signature: |  |

\*\*Subject to terms and conditions as outlined in the CIBPA HH Policy Manual