



## Membership Benefit Plan Business Agreement

On behalf of \_\_\_\_\_ (business name), I \_\_\_\_\_ (print name) I authorize participation in the Battle River Power Coop Membership Benefit Program.

Business name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate permission to use photos of yourself and/or your business on our social media:

Yes \_\_\_\_\_ (signature)

Description of discount provided to Battle River Power Coop members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing this agreement, \_\_\_\_\_ (business name) commits to participating in the Battle River Membership Benefit Program and will honor the above discounts to all Battle River Power Coop members who present their Membership Cards. All revisions to the discounts described above, or a decision to opt out of the program require 60 days written notice to Battle River Power Coop.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_