



Please FAX back to the Chamber: 684-3385

**Fax / E-mail Consent Form
Lancaster Area Chamber of Commerce**

Name: _____

Company: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Addresses: _____

Telephone Number: _____

Fax Numbers: _____

I represent that I am authorized to provide the foregoing consent and understand that by providing my mailing address, email address, telephone number and fax telephone number(s), I consent to receive communications sent by or on behalf of the LACC and affiliated partners via regular mail, email, telephone and fax. I also understand that I may revoke this consent by notification in writing at any time.

Signature: _____

Date: _____

Please return by fax, e-mail or mail to the:

*Lancaster Area Chamber of Commerce
P.O. Box 284
Lancaster, NY 14086
716-681-9755
Fax: 716-684-3385
E-mail: Info@LACCNY.org*

[Feel free to use this form for your company. Just substitute your own information.]