



The Auburn Chamber of Commerce's Referral Program was established to give our members more business!

Professionals from non-competing industries meet bi-weekly to share qualified referrals. (Referrals are businesses you have a personal connection with and are willing to share this contact with a member of the group.) It is also a great opportunity to network and build relationships. And, perfect for those individuals who need to initiate sales but dislike cold-calling or to just add to your client base.

Breakfast Referral Group meets from 7:30 a.m. to 9:00 a.m. the first and third Friday of each month at the *AMF AUBURN LANES, 101 Southbridge Street, Auburn*. A continental breakfast is available to get you ready for a day of sales! **You must be a member of the Chamber to participate in this program.**

There is a maximum of thirty five people per session which is all time will allow.

Because of the exclusivity of industries, space is limited to non-competing companies on a first-come, first-serve basis.

Referral Program

Auburn Affiliate Division

This is a very active group! If you cannot make a meeting, then it is recommended that you send someone from your business in your place so as not to jeopardize your eligibility. ***If a member misses four meetings within a year, he/she is automatically placed on the wait-list so that a new member may join. Also, 3 late arrivals or early departures will equal 1 full absence.***

All members of the Worcester Regional Chamber of Commerce and its affiliates will be considered but Auburn members will have first preference.

Program Fee

The enrollment fee is \$150 for the year. Renewal invoices are automatically sent on the members anniversary date. Your initial meeting is free. Fees are non-refundable.

Registration Form

Name: _____

Title: _____

Company: _____

Address: _____

City: _____

State/Zip: _____

Business Phone: _____

Fax: _____

E-mail: _____

Website: _____

Cell Phone (Optional): _____

Type of Business (please be specific; do you specialize?):

Years in this industry: _____

Please list three references with phone numbers (required to be considered for group):

1.) _____

2.) _____

3.) _____

I agree to adhere to the absentee policy of 4 missed meetings within a year. I realize that 3 late arrivals or early departures from a meeting will result in 1 absence. Signature is required.

Member: _____

*Please return application
with payment to:*

**Auburn Chamber of Commerce
Referral Program
446 Main Street, Suite 200
Worcester, MA 01608**

COMMITTEE

Carrie Cross (Co-Chair)
Life Care Center of Auburn
508.832.4800

Bill Bowman (Co-Chair)
Centrend, Inc.
508.347.9550

Eleanor F. Houbre (Chamber Liaison)
Auburn Chamber of Commerce
508.753.2924 x224

Referral Program

For Additional Information Contact:

Eleanor F. Houbre
Director of Affiliate Chamber Services
Auburn Chamber of Commerce
446 Main Street, Suite 200
Worcester, MA 01608
Tel: 508.753.2924 x224
Fax: 508.754.8560

www.auburnchamberma.com

Email: info@auburnchamberma.com