



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 **LIFE CARE CENTER OF AUBURN, 14 Masonic Circle, 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 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 \$100 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: _____

Do you belong to another Referral Group?

Yes ___ (If yes, how many ___) No ___

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

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Referral Program

For Additional Information Contact:

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