



*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  
P.O. Box 508  
Auburn, MA 01501**

### **CHAIR**

Steve Bylund

**Fairway Independent Mortgage  
Corp.**

61 Boyden Road, Suite 2, Holden, MA

Tel: 508-207-1868

Cell: 774-272-2983

Email: Steven.Bylund@fairwaymc.com

**Type of Business: Residential  
Mortgage Loans**

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### **For Additional Information Contact:**

Auburn Chamber of Commerce

P.O. Box 508

Auburn, MA, 01501

Tel: 508.753.2924

Fax: 508.754.8560

**[www.auburnchamberma.org](http://www.auburnchamberma.org)**

Email: [info@auburnchamberma.org](mailto:info@auburnchamberma.org)