



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.

Referral Group meets from 8:00 a.m. to 9:00 a.m. the first and third Friday of each month at Brookdale Eddy Pond (lower building)- 669 Washington Street (Route20) – Auburn, MA **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  
311 Main Street – St. 200  
Worcester, MA 01608**

### **CHAIR**

Steve Bylund

### **Leader Bank**

61 Boyden Road, Suite 2, Holden, MA

Cell: 774-272-2983

**Email:** Steven.Bylund@leaderbank.com

**Type of Business: Residential Mortgage  
Loans**

## Referral Program

### For Additional Information Contact:

Auburn Chamber of Commerce

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Worcester, MA, 01608

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Fax: 508.754.8560

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