

*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. It is also a great opportunity to network and build relationships.*

*This group has grown considerably and has produced a steady stream of business for its members. All members of the Worcester Regional Chamber of Commerce and its affiliates will be considered for this group; however, an Auburn Chamber members will have first preference.*

### **Referral Meeting Schedule**

**Date:** 1<sup>st</sup> and 3<sup>rd</sup> Wednesday of each month

**Time:** 7:30 a.m. to 8:30 a.m.

**Location:** Brookdale Eddy Pond (lower building), 669 Washington Street (Route 20), Auburn, MA.

**Cost:** No cost to come as a guest. The cost to join the group is \$100 a year

**Please RSVP by emailing  
Virginia K. Murphy at  
[vmurphy@worcesterchamber.org](mailto:vmurphy@worcesterchamber.org)**

# 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 waitlist 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

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

Name: \_\_\_\_\_

Years in this industry: \_\_\_\_\_

Title: \_\_\_\_\_

Do you belong to another Referral Group?

Yes \_\_ (If yes, how many \_\_ ) No \_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

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

City: \_\_\_\_\_

1.) \_\_\_\_\_

State/Zip: \_\_\_\_\_

2.) \_\_\_\_\_

Phone: \_\_\_\_\_

3.) \_\_\_\_\_

E-mail: \_\_\_\_\_

***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:***

Website: \_\_\_\_\_

**X** \_\_\_\_\_

Cell Phone (Optional): \_\_\_\_\_

*Please return the application  
with payment to:*

**Auburn Chamber of Commerce  
Referral Program  
PO Box 508  
Auburn, MA 01501**

**CHAIR**

Jamie DeClaire  
**Edward Jones**  
5 Albert Street, Auburn, MA  
Tel: 508-832-5385  
Email: [jamie.declaire@edwardjones.com](mailto:jamie.declaire@edwardjones.com)  
**Type of Business: Financial Services**

**Referral  
Program**

**For Additional Information Contact:**

Auburn Chamber of Commerce  
311 Main Street, Suite 200  
Worcester, MA 01608  
Tel: 508.753.2924  
Fax: 508.754.8560

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

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**[vmurphy@worccesterchamber.org](mailto:vmurphy@worccesterchamber.org)**