



**We're looking for more members like you!** Our Member Referral Program helps the Chamber grow and contributes to the vitality of our business community. A larger membership base strengthens the Chamber's voice advocating on issues of importance, enhances services for our members, and provides more business connections. When a business or organization you referred joins the Chamber, **you will receive a \$25 credit** toward registration fees, sponsorships and advertising opportunities for the Chamber OR applied to your membership dues. There is no limit to the number of referrals you can make!

#### How does it work?

- Identify a business, vendor, or acquaintance who could benefit from Chamber membership.
- Complete the form below and send it to us. Forms for more referrals are on the back.
- A Chamber director or staff member will contact the referred business.
- If your referral joins the Chamber within 90 days of receiving the referral form, and pays for one full year of membership dues, you will receive a credit of \$25 to your Chamber account.

#### Referral Terms and Conditions

- When we contact the referred business, we will mention you or your company as the referring business.
- There is no limit to the number of referrals you can make.
- If a referral company is submitted more than once, the Chamber will honor the first referring party only.
- Your \$25 credit may be used toward Chamber registration fees, sponsorships and advertising opportunities or applied to your membership dues.
- The referring member must be in good standing with current year's dues fully paid.

<u>YOUR INFORMATION</u>	<u>REFERRED BUSINESS INFORMATION</u>
Your Name _____	Contact Person _____
Company Name _____	Company Name _____
Phone _____	Phone _____
Email _____	Email _____
What is your affiliation with this contact/company? _____	
What services do you feel will benefit <b>THEIR</b> organization <b>MOST</b> ? _____ _____	
How has <b>YOUR</b> organization benefited <b>MOST</b> from its Chamber Membership? _____	

**YOUR INFORMATION**

**REFERRED BUSINESS INFORMATION**

Your Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

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What services do you feel will benefit **THEIR** organization **MOST**?

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How has **YOUR** organization benefited **MOST** from its Chamber Membership?

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**YOUR INFORMATION**

**REFERRED BUSINESS INFORMATION**

Your Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Company Name \_\_\_\_\_

Company Name \_\_\_\_\_

Phone \_\_\_\_\_

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How has **YOUR** organization benefited **MOST** from its Chamber Membership?

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Return to:

**Delaware County Chamber of Commerce | 5 ½ Main Street | Delhi, NY 13753**