

# San Rafael Chamber

817 Mission Ave., San Rafael, CA 94901  
415-454-4163 | 415-454-7039 fax | [frontdesk@srchamber.com](mailto:frontdesk@srchamber.com)

## Membership Referral Program

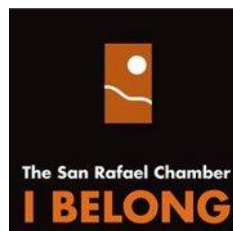
### **Save \$ and get YOUR membership for FREE**

How the program works:

- The Chamber member asks a prospect (client, business colleague, friend or neighbor) if they would be interested in learning about membership with the San Rafael Chamber of Commerce.
- If the answer is yes, the referring Chamber member fills out the prospect referral information form and provides the prospect's name, contact information and type of business to the Chamber of Commerce for follow-up.
- The Chamber of Commerce staff member will contact the referred business regarding their interest, share the benefits of membership and offer to be of assistance to them with joining the Chamber.
- Once the referred business joins the Chamber of Commerce and their payment is received, **the referring Chamber member's account is credited \$50**. The contact person at the member's organization can then decide if the \$50 credit goes toward their organization's annual membership dues for next year or if the \$50 referral reward goes to the specific representative at the company or agency that made the Chamber referral.
- **For the new (referred) Chamber member, their one-time administrative fee would be reduced from \$65 to \$15.**

### Terms and Conditions:

- There is **no limit** to the number of prospects that can be submitted, equaling up to 100% of your membership dues. Send in your referrals **today** as this test program ends on June 28, 2013.
- A completed referral form for each prospect must be received by a Chamber staff member. No verbal referrals. Please submit your form via mail, email or fax, or by giving it to a Chamber staff member.
- The person making the prospect referral must be a current and active member of the San Rafael Chamber of Commerce.
- If a prospect is submitted more than once, the Chamber will honor the Chamber member who turned in the referral form first.



*If you have questions, please call the Chamber office at (415) 454-4163.*

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## Membership Referral Program **Save \$ and get YOUR membership for FREE**

### Membership Referral Form

Today's Date: \_\_\_\_\_

#### **Prospective Business/Organization You Are Referring**

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

Prospect's Name: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

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

Any additional information you would like to share about your prospect:

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#### **Chamber Member Submitting The Referral**

Chamber Member's Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

