



# LET'S GROW! REFER A MEMBER PROGRAM

## Membership Prospect Referral Form

Date Received: \_\_\_\_\_

### New Member Prospect

Chamber Literature Given:  Yes  No

Company Name:

Type of Business:

Mailing Address:

City:                      State:              Zip:

Phone:

E-Mail:

Contact Name:

Title:

### Why are they interested in the Chamber?

### Member Referred By:

Name:

Chamber Ambassador?  Yes  No

Company Name:

Phone:

Alternate Phone:

Address:

City:                      State:              Zip:

E-Mail:

Date:

### For Internal Use Only

Referral Given to:

Date:

Date Joined:

Membership Dues Amount: \$

For **1st referred Member** that signs up for a full year you'll receive a \$25 dine around town gift card

For **3rd referred Member** that signs up for a full year you'll receive an overnight stay at a Coeur d'Alene Hotel

For **5th referred Member** that signs up for a full year you will be entered into a drawing for a 2 day trip to Vegas for two!

**For record keeping purposes, referrals must be submitted on this approved referral form. Referrals will be assigned to an staff Member as they are received. New Members need to join within 30 days of referral to count towards the incentive program. Membership price levels are listed on the back.**

Fax to 208-667-9338 or emailmarilee@cdachamber.com