

**"COME GROW WITH US
&
REAP THE REWARDS"**

**Greater Effingham Chamber of Commerce & Industry
Member Referral Program**

The Member Referral Program is a great opportunity to help *Your* Chamber and *Your* Business Grow! A growing membership strengthens the Chamber's impact as it advocates on issues of importance to our members. With your referral, your company is planting the seeds to help grow the Chamber and establish strong roots for our members.

Here's how it works:

- ◆ Identify businesses who you feel would benefit from Chamber membership
(i.e. your accountant, church, daycare, hairdresser/barber, dentist, insurance agent, physician, etc.).
A complete listing of Chamber members is available on our website.
- ◆ Fill out the form below or complete the form online at www.effinghamchamber.org.
- ◆ We will contact the referred business and mention your company as the referring business.
- ◆ Upon receipt of payment, your name will go into a drawing for \$500 Community Cash Gift Checks that can be spent at Chamber member businesses.
(Each referral that turns into a paid membership means more opportunities for you to be a winner).
- ◆ Your company will be recognized in the Take 5 Newsletter along with the new member announcements.

Terms and Conditions:

- ◆ A referral form must be at the Chamber office indicating **YOU** as the person referring the new business.
- ◆ Should a referral form be submitted more than once, the Chamber will honor the first referring party only.
- ◆ There is **NO** limit to the number of referrals you can make.

It's that EASY! Don't miss this opportunity to be a valuable source in growing the Chamber and help us to advance the economic growth and quality of life in the region.

Return completed form to:
Greater Effingham Chamber of Commerce & Industry, 903 N Keller Dr, P. O. Box 643, Effingham, IL 62401
or complete form online at: www.effinghamchamber.org

YOUR INFORMATION:

Name _____

Business _____

Phone _____

E-Mail _____

How has your company benefited from your Chamber
Membership?

REFERRED BUSINESS INFORMATION:

Contact Person _____

Title _____

Business _____

Address _____

Phone _____

E-mail _____