

## Novato Chamber of Commerce Membership Referral Program

## About This Program:

- Novato Chamber members can refer prospective businesses who are interested in learning more or joining the Chamber.
- If the prospective business joins the Chamber, the referring member is eligible to receive \$50 as a check, membership credit to their account or donation to Coy Smith Leadership Novato scholarship fund.
- Referring members will be acknowledged for their referral in the membership e-blast.

## Terms and Conditions:

- The referring member must be a current Novato Chamber member in right standing (no outstanding balance for more than 60 days).
- If the prospective member is referred more than once, we will honor the member who submitted the first referral form.
- The \$50 will be paid once the prospective member's membership balance has been paid in full. If they are on a payment plan, it will be paid once they have submitted their last payment.
- There is no limit to the number of referrals a Chamber member can submit.

Please submit referral forms to Director of People and Programs, Kim Stahley

Email: kimstahley@novatochamber.com

Mailing Address: 807 De Long Ave. Novato, CA 94945

| Date: |  |  |
|-------|--|--|
|       |  |  |



## **Membership Referral Form**

Prospective Business/Organization

| Business Name:                                                      |                |  |  |  |
|---------------------------------------------------------------------|----------------|--|--|--|
|                                                                     |                |  |  |  |
| Contact Name:                                                       |                |  |  |  |
|                                                                     |                |  |  |  |
| Phone Number:                                                       | Email Address: |  |  |  |
|                                                                     |                |  |  |  |
| Any additional information about prospective business/organization: |                |  |  |  |
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| Referring Novato Chamber Member                                     |                |  |  |  |
|                                                                     |                |  |  |  |
| Member Name:                                                        |                |  |  |  |
|                                                                     |                |  |  |  |
| Contact Name:                                                       |                |  |  |  |
|                                                                     |                |  |  |  |
| Phone Number:                                                       | Email Address: |  |  |  |
|                                                                     |                |  |  |  |
| Please indicate how you would like to receive your \$50 pays        | ment:          |  |  |  |
| Distribute as a Check                                               |                |  |  |  |
| Apply as membership credit to my account                            |                |  |  |  |
| Donate to the Coy Smith Leadership Novato scholarship func          | 4              |  |  |  |