



Marion Area  
 Chamber of Commerce  
*Business Advocates for Over  
 100 years!*

## CHAMBER REFERRAL REWARDS FORM

### REFERRING CHAMBER MEMBER CONTACT INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**QUESTIONS TO BE ANSWERED BY REFERRING CHAMBER MEMBER:**

1. How has your company benefited most from its membership in the Marion Area Chamber?

2. What is your affiliation with company you are referring?

3. What chamber opportunities do you think will benefit their company the most? ([Chamber Benefits](#))

Referred Organization's Information - Please supply as much information as possible regarding the organization you are referring.

### PERSON YOU SPOKE WITH ABOUT MEMBERSHIP INFORMATION

ORGANIZATION NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

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 This form must be submitted on-line via the "Submit" button on the top right corner of this form or emailed to [chamberstaff@marionareachamber.org](mailto:chamberstaff@marionareachamber.org) to be eligible for the Marion Area Chamber Referral Rewards. [Click here for Terms and Conditions.](#)