



NEW MEMBER REFERRAL

Name: _____ Date: _____

Business Name: _____ Phone: _____

Business being referred: _____

Address: _____

Contact Person: _____ Phone: _____

Have you discussed the chamber with this business? Y or N

Have you given the business a membership packet? Y or N

Fax form to Marilyn Murray at (512) 255-3325

RETENTION/NEW MEMBER MENTOR VISIT

Name: _____ Date: _____

Business Name: _____

Phone: _____

Address: _____

Contact Person: _____ Phone: _____

Did this member wish to be contacted about these concerns? Y or N

Did this member express anything particular that they like about the chamber's operations?

If so, please explain: _____
