




COLONIE
Chamber of Commerce
Colonie is Our Business

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Referral Group Application

Company Name

_____	_____	_____
Name	Job Title	Years of Experience

_____	(____)____-____	(____)____-____
Email Address	Business Phone Number	Business Fax Number

Business Street Address (Address / City / State / Zip Code)

Describe your business. Please be specific about your products and services.

What do you hope to gain by joining a referral group?

What do you think you can contribute to a referral group?

What type of business can generate viable referrals to you?

What do you consider a good referral?

How do you handle privacy issues?