



# Become a Chamber Ambassador!

## AMBASSADOR APPLICATION FORM

\_\_\_\_\_  
Name - Print

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Your Position or Title

\_\_\_\_\_  
Business Mailing Address - Street

\_\_\_\_\_  
Suite/Building #

\_\_\_\_\_  
Business - City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
County

\_\_\_\_\_  
Date (Mo/Yr) Business Joined Chamber

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Business Web Site

**Please check the committee(s) you are interested in participating in:**

### Chamber Service Committees

- Education Committee
- Marketing Committee
- Membership Committee
- Government Affairs Committee

### Chamber Events Committees

- Community Awards Gala Dinner
- Art & Wine Festival
- Christmas Tree Lighting Festival

*If selected to serve on a committee, I agree to abide by chamber bylaws and work toward the completion of the best possible program/event. I will take on commitments I can keep. I will remove myself from decisions that represent a conflict of interest.*

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For Internal Use Only**

**Membership Joined Date** \_\_\_\_\_ **Vote Accepted** \_\_\_\_ **Vote Denied** \_\_\_\_ **Date:** \_\_\_\_\_

**Executive Director Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ambassador President Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_