



Chamber Ambassador Application

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email address: _____

Previous Chamber or Community Involvement: _____

If you become an ambassador, what would you want to accomplish?

Signature: _____

Date: _____

Because some of the Chamber events may be scheduled during work hour, your employer's signature is required.

Signature: _____

Date: _____