

Ambassador Program Application

APPLICATION AND COMMITMENT AGREEMENT

First Name	Last Name
Title	
Business/Organization	
Address	
City	
Office Phone	Mobile Phone
Email	
*************	*******************
Please tell us what you think you can br	ing to the Ambassadors Program:
Please tell us what you hope to get out	of the Ambassadors Program:

I understand the mission and purpose of the Ambassador Program and agree to devote the time necessary to accomplish the goals of the Program.

I understand my responsibilities are to:

- Serve as an Ambassador for a term of one year. (January to December)
- Attend monthly Ambassador meetings when possible (3rd Tuesday at Noon)
- Review meeting notes and program documentation
- Attend Business After Hours, ribbon cutting ceremonies, and other Chamber events when possible
- Allow my photo to be used in promotional information for the Chamber
- I further understand if my schedule does not allow me to fully support my duties as an Ambassador, I will resign until I am able to fully participate, allowing other Chamber members to participate in the program

Signature	Date