



AMBASSADOR COMMITTEE MEMBERSHIP FORM

Name – Print

Today's Date

Company Name

Your Position or Title

Company Mailing Address – Street

Suite/Building #

Company – City

State/Zip

County

Company Phone/Direct line

Home/Cell Phone

Fax

Your Email Address at Work

Web Site

Please check the committee/s you are interested in participating in:

Chamber Service Committees

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

Chamber Events Committees

- Membership BBQ
- Bocce Ball Tournament
- 4th of July Celebration
- Art & Wine Festival
- Community Awards Dinner
- Christmas Tree Lighting Festival
- Circus

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.

Signature: _____

Date: _____