



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 Fax

Your Email Address at Work

Please check the most appropriate answer (s):

Are you or your company a current chamber member? Yes No

How long have you been a chamber member? <1 yr 1-2 yrs 2-4 yrs 5+yrs

Reasons for becoming a Chamber Ambassador: Networking with chamber members

Networking with area businesses Participation in mixers and events Community involvement

Other: _____

Personal Information:

Name you want printed on your Ambassador badge: _____

Home Address City Zip

Personal Email Address

Your Signature Date Signed