



2019-2020 CHAMBER AMBASSADOR PROGRAM APPLICATION

NAME: _____

REFERRED BY: _____

EMPLOYER: _____ JOB TITLE: _____

BUSINESS ADDRESS: _____

OFFICE PHONE: _____ E-MAIL: _____

FAX: _____ MOBILE: _____

HOW LONG EMPLOYED AT THIS BUSINESS: _____ IN THIS POSITION: _____

COMMUNITY INVOLVEMENT/CIVIC/CLUBS *(Attach a separate sheet, if needed.)*

EXPLAIN WHY YOU WOULD BE A GOOD CHAMBER AMBASSADOR *(Attach separate sheet, if needed.)*

PROVIDE A BRIEF WRITE UP ABOUT YOU THAT WE CAN USE TO RECOGNIZE YOU ON OUR WEBSITE *(Attach a separate sheet, if needed.)*

Ambassador Eligibility:

*Must be a member of the Union County Chamber in good standing for at least one year & in current position for at least one year.

*Must show a commitment to Chamber by being an active volunteer at events.

*Entrance into the Ambassador program is subject to Ambassador Chair and Chamber staff review.

As an applicant, I AGREE TO THE RESPONSIBILITIES of CHAMBER AMBASSADOR for the Union County Chamber for the 2019-2020 year.

SIGNATURE: _____ DATE: _____