



Application for Chamber Ambassadors Committee

Date:

Name:

Place of Employment:

Day Phone:

Home address:

Home phone (or cell phone):

E-mail:

Are you/your employer a member of the Alpena Chamber? YES NO I DON'T KNOW

Reason(s) you would like to be a Chamber Ambassador:

List other organizations you are a member of, and your title/position within, if applicable:

Alpena Area Chamber of Commerce Ambassadors follow a basic set of guidelines, please review them.

By signing below, I agree that I have read and understand the expectations. I agree to follow these expectations and guidelines to the best of my ability. I have read and understand what is expected of me as an Ambassador for the Alpena Area Chamber of Commerce. (return to 235 West Chisholm, Alpena)

X _____ (Signature)

X _____ (Print Name)