



Application for Chamber Ambassadors Committee

Date: _____

Name: _____

Place of Employment: _____

Office Phone: _____

Home address: _____

Cell phone: _____

E-mail: _____

Is your employer a member of the Alpena Chamber? _____

Are they willing to accommodate volunteers hours? _____

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.

X _____ (Signature)

X _____ (Print Name)