



Ambassador Application

Name: _____

Company: _____

Address: _____

City: _____ State: _____ ZIP: _____

Work Phone: _____ Fax: _____ Email: _____

Job Title: _____

Responsibilities: _____

Current Supervisor: _____

Previous Chamber Experience: _____

Why do you want to be an ambassador: _____

Additional Interesting Information: _____

What motivates you? Rank the following in order of importance with 1 being most important:
 Money _____ Recognition _____ Self Satisfaction _____ Other _____

References

Name & Company	Telephone	Years Known

I hereby certify that I have read and understand the By-Laws and responsibilities of an ambassador to the Saginaw County Chamber of Commerce. If accepted, I agree to carry out the responsibilities of an ambassador to the best of my abilities. Please return this application to the Chamber within 30 days. Application will be voided after that time. **You must be an ACTIVE Chamber member to become an ambassador.**

Signature: _____ Date: _____

Applications may be submitted by mail to Susan Moody at Saginaw County Chamber of Commerce, 515 N. Washington Ave., 3rd Floor, Saginaw, MI 48607; by fax at 989.752.9055 or by email to susan@saginawchamber.org.