

Oakdale

CHAMBER of COMMERCE

CALIFORNIA

Ambassador Application

Full Name: _____ Birthday: _____
Month/Day

Company: _____

Job Title: _____ Length of Employment: _____

Job Responsibilities: _____

Company Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Current Community/Organization Involvement: _____

Significant Achievements: _____

Why would you like to become an Ambassador? Please describe both personal and business goals for joining this group: _____

Will your job allow you the time or flexibility that will be required to complete some of the duties? _____

THE OAKDALE CHAMBER OF COMMERCE AMBASSADOR PROGRAM REQUIRES TOTAL COMMITMENT. EACH AMBASSADOR MUST ATTEND A TRAINING SESSION, ASSIST AT SPECIAL EVENTS AND ATTEND MONTHLY AMBASSADOR MEETINGS.

Participants of the Oakdale Chamber of Commerce Ambassador Program must have the support of their business, organization or employer.

Signature of Employer Title

Signature of Applicant Title