



# DECATUR REGIONAL CHAMBER OF COMMERCE

### Ambassador Application

MAIL TO: The Decatur Regional Chamber of Commerce  
101 S. Main Street, Suite 102, Decatur, IL 62523  
email: [Jennifer.oberheim@decaturchamber.com](mailto:Jennifer.oberheim@decaturchamber.com)

Name \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (Optional) \_\_\_\_\_ e-mail \_\_\_\_\_

Job Title/Position \_\_\_\_\_

Please provide a brief description of your job responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any community organizations in which you are, or have been, actively involved.

1. \_\_\_\_\_ Dates \_\_\_\_\_

2. \_\_\_\_\_ Dates \_\_\_\_\_

3. \_\_\_\_\_ Dates \_\_\_\_\_

What are your reasons for wishing to participate in the Chamber Ambassador Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What benefits/contributions will you bring to the Ambassador Program?

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Please list two people that can serve as a reference for you:

1. \_\_\_\_\_ Daytime Phone \_\_\_\_\_

2. \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Please provide the name and signature of your supervisor to indicate support of your nomination as a Chamber Ambassador.

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_