



Application for the Greater Greer Chamber of Commerce Membership Ambassador Program

Personal Information:

Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Professional Information:

Company Name: _____

Job Title: _____

Business Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Fax: _____

Are you Employed in the Greer Area? Yes _____ No _____

List any special honors or awards received in your professional career:

Community Involvement:

List up to 5 community, Civic, professional, business, social or other organizations of which you are or have been a member.

1 _____

2 _____

3 _____

4 _____

5 _____

Why have you applied to be a Greater Greer Chamber Ambassador?

What outcome do you hope to receive from this program?
