



132 N. Broadway, Albert Lea, MN 56007  
PHONE: (507) 373-3938 FAX: (507) 377-1354

## CHAMBER AMBASSADOR AGREEMENT

I, \_\_\_\_\_ do hereby agree to the following, in order to be selected as a Chamber Ambassador:

1. Purchase a green blazer, tie or scarf, name badge and patch.
2. Attend Chamber Ambassador Orientation.
3. Chamber Ambassadors represent the Chamber, not a specific business. We are welcoming all businesses to the business community. This is not the appropriate time to exchange business cards. Questions should be professional, courteous and avoid invasiveness. Alcohol consumption should remain at a minimal level, including the golf outing. Chamber Ambassadors always represent the Chamber.
4. Be part of a two-person team to oversee an assigned month each year. Duties will consist of presenting at Ambassador Visits, assist with registration at Business After Hours, and any additional Chamber activities that are scheduled for that month.
5. Agree to wear the Chamber Ambassador uniform consisting of a professional white shirt, green blazer, blue tie/scarf, and blue/black slacks/skirt. Regarding attire, individuals are representing the Chamber Ambassadors. Chamber functions will require proper business attire with the exception of the Golf Outing in which polo shirts and shorts or slacks will be considered appropriate at that time.
6. Help secure prizes for the Golf Outing prior to the event. Chamber Ambassadors are also required to work an entire shift at the Chamber Ambassador Golf Outing each July.
7. Assist with the Membership Drive for the Albert Lea-Freeborn County Chamber of Commerce.
8. Attend special groundbreaking and ribbon cutting ceremonies, Business After Hours, as well as, other important Chamber of Commerce presentations.
9. Agree to a minimum of 70% of assigned Chamber Ambassador visits in a year.
10. Agree to call in or e-mail the Chamber by 9 am if you are not able to make the Chamber Ambassador visit that day.
11. Agree to adhere to the Chamber Ambassador Bylaws, which I have read and understand.

*The signing of this document implies my commitment to the Chamber Ambassadors.*

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail or Fax: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Supervisor/Owner Signature: \_\_\_\_\_

Title: \_\_\_\_\_