



APPLICATION

Name: _____ Date: _____

Company Name: _____

Job Title: _____ How Long Employed in present position? _____

Address: _____

Phone: _____ Fax: _____

Email Address: _____

Is email a reliable means of 24-hour response communication? _____

List previous/current involvement in the Wilson Chamber of Commerce. _____

List previous/current involvement and or membership in other Chambers of Commerce or other professional, trade, business or community organizations. _____

Why do you want to become a Chamber Ambassador? _____

The Ambassadors meet the third Wednesday of every month except July and December at 12:00 Noon. Notices with meeting details are sent one week prior to. Will you be able to attend at least 8 of the 10 meetings? _____

The Ambassadors are asked to represent the Wilson Chamber at various events during the day and after hours. Is your schedule flexible to attend various events? _____

The Ambassadors are assigned fifteen (15) Chamber members to contact each month either by phone, email or personal visit to keep them informed of various networking events, etc. Can you fulfill this commitment each month? _____

Applicant's Signature: _____

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I understand that the applicant is committing to approximately six hours per month of Chamber Ambassadors activities including the monthly meetings.

Applicant's Employer/Manager Signature: _____

Please submit this application to rtew@wilsonchamber.com



Ambassador Agreement

By signing below, I agree to serve as an Ambassador for the Wilson Chamber of Commerce, and will adhere to all duties, responsibilities, and expectations contained herein. Furthermore, I agree to promote the best interests of the Wilson business community while being a positive and professional representative of my employer, Chamber, and community. I understand that I may be dismissed from the Ambassadors at the discretion of the President of the Chamber if determined to be in violation of any of these duties, responsibilities, and expectations.

Signed

Printed Name

Date