



Name:

Company:

Supervisor's Name:

Mailing Address:

City:

Phone:

Email Address:

Birthday (month/day):

Number of Years with Current Employer:

Job Description:

Title:

Zip:

State:

Hobbies:

Other Volunteer Service:

What are your expectations/goals from becoming an Ambassador with the Opelika Chamber?

I have read the Ambassador policies and am willing to meet the requirements for volunteer service on the Ambassador Committee. I understand that by signing this application I am making a commitment to the Ambassador Committee and the Opelika Chamber of Commerce for one year.

Applicants Signature | Date

I have read the Ambassador policies and am willing to allow my employee to take part and meet the requirements for volunteer service on the Ambassador Committee. I understand that by signing this application, I am agreeing to allow my employee to commit to the Ambassador Committee and the Opelika Chamber of Commerce for one year.

Supervisor's Signature | Date