

2021 Table Rock Lake Chamber of Commerce Ambassador Application

Agreement

The Table Rock Lake Chamber of Commerce Ambassadors are dedicated to growing and promoting the Chamber through community involvement, program engagement, and the education of member benefits to potential, new, and current Chamber members. Ambassadors are the frontline representatives for the Chamber and the community, and they are often called upon to help at Chamber events. By setting an example for active membership, Ambassadors influence current Chamber members to participate and engage in Chamber programs and events. By promoting Chamber programs and initiatives, Ambassadors can help grow the membership and encourage new member involvement. For new members especially, Ambassadors are some of the first Chamber representatives they meet! Being an Ambassador is an important role because they help ensure that members, whether they are new, current or long-standing, maximize their Chamber memberships and feel connected to the Chamber and the community. By signing below and submitting this application, I affirm that I have read the Ambassador Program Guidelines and can commit to the program requirements, including my employer allowing me time to participate at 50% of events. I will ensure that my company remains a member in good standing of the Chamber and will represent the Chamber in a professional manner. I will always speak positively about the Chamber in the community and on social media, and will not share information that could be considered detrimental to the Chamber's mission.

I will be committed to growing the membership of TRLCC, and to retaining membership. I will be informed about the work of the Chamber and strive to engage new members. I understand that failure to meet the expectations of the Ambassador Program may result in dismissal from the program.

Printed Name: _____

Signature: _____ Date: _____

Preferred communication method (Choose all that apply): Text Message Email Phone Call

Please have your supervisor fill out the bottom portion and sign, agreeing to your participation in the TRLCC Ambassador Program.

Supervisor's Name	
Contact Phone Number	Email Address
Supervisor's Mailing Address:	
Supervisor's Signature:	