

Carmichael Chamber of Commerce  
Ambassador Application

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

Business Name: \_\_\_\_\_ Member since: \_\_\_\_\_

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

Phone/cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Web site: \_\_\_\_\_

**What is the reason you would like to be an Ambassador?**

**Qualifications for consideration**

- Be a member in good standing
- Must be a new member for 3 months
- Willing to attend Ambassador meetings
- Participate in Ribbon Cuttings and other functions as needed
- Make personal visits to prospective members
- Make phone calls to new and existing members
- Represent and promote the Chamber with integrity and a positive attitude
- If you change jobs during your term or are represented by another member, you will need to repeat the application process
- The term of your Ambassadorship is reviewed and renewed annually
- The Executive Consultant will let you know when you have fulfilled your requirements

**One Ambassador name badge will be issued upon approval. Additional badges will be at own expense at \$10 each.**

I have read and understand what it takes to be an Ambassador. I hereby petition the Carmichael Chamber of Commerce Board of Directors for acceptance as an Ambassador and agree to follow the program objectives and guidelines.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If a renewing Ambassador – year you became an Ambassador: \_\_\_\_\_