

**MACOMB AREA CHAMBER OF COMMERCE
AMBASSADOR APPLICATION**

For Office Use ONLY

Application Received _____

Application Approved _____

Fee Paid _____

Nametag Ordered _____

Nametag Received _____

Comments:

Date _____

Years in the community _____

Name _____

Business _____ Title/Position _____

Address _____ Business Phone _____

E-Mail Address _____ Cell Phone _____

EMPLOYMENT HISTORY

Previous employers (Please list your last 2)

Employer	Title or Responsibility	From	To
_____	_____	_____	_____
_____	_____	_____	_____

ORGANIZATION AND ACTIVITIES

Please list in order of importance to you, up to 3 community, civic, professional, business, religious, social, athletic and other organizations of which you are or have been a member.

Organization	Approx. Dates of Membership
_____	_____
_____	_____
_____	_____

GENERAL

What do you hope to gain from the MACC Ambassador experience?

In your judgment, what is the most pressing problem facing the community?

PROFESSIONAL REFERENCE(S)

Name/Title _____ Email _____

Business/Address _____ Phone _____

AMBASSADOR FEE

Newly-elected Ambassadors will be charged a one time, non-refundable, membership fee of \$25.00. The new member will receive a copy of the policies and procedures in an individual conference with office staff or the Chair of the Committee. The member's first nametag is furnished. If a replacement nametag is needed, it will be provided and charged to the member. All applications will be confidential and will be the property of the Macomb Area Chamber of Commerce. Applications may be hand-delivered, mailed to the Macomb Area Chamber of Commerce, Attn.: Ambassadors, 214 N. Lafayette Street, Macomb, IL 61455, or emailed to info@macombareachamber.com.

Signature

Date