

SOUTH BALDWIN
CHAMBER OF COMMERCE
Diplomats

*Sponsored
By:*



Name: _____ Date: _____

Title: _____ Company: _____

Email: _____ Phone: _____

What do you hope to gain as a Diplomat with the South Baldwin Chamber of Commerce?

How did you hear about our Diplomat Program?

What are some of your hobbies and interests?

EMPLOYER:

By signing below, I approve of and support the applicant's participation in the Diplomat Program with SBCC:

Print: _____

Signature: _____

APPLICANT:

By signing below, I acknowledge that this is a three year term and I will attend orientation within 30 days of approval:

Print: _____

Signature: _____

Please return completed application to Rachel Spear at rachel@southbaldwinchamber.com.
Applications are subject to approval from SBCC Board of Directors.

Thank you to our sponsors:

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