

# Chamber Connector Application



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

Business: \_\_\_\_\_

Position: \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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

NOTE: A headshot will be needed for the Chamber website. Please email to the Chamber at [info@gichamber.com](mailto:info@gichamber.com) as soon as possible.

Previous/current Chamber and community involvement: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list three traits, qualities or experiences that you will bring to the Chamber Connectors:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

What is your expectation as a member of the Chamber Connectors? \_\_\_\_\_

\_\_\_\_\_

Connectors receive participation points for attending the following: Ribbon Cuttings, typically on Friday mornings (11:00 a.m.), meetings or tours the third Wednesday of the month (times may vary), Business After Hours, typically on Thursday evenings (4:30-6:30 p.m.), and Decal Blitz at the beginning of the year. There will be a 90-day preliminary period once added to the group to ensure the Connector program is a good fit for you. The Chamber asks for 50% participation over the course of the year. Do you see these time commitments fitting into your schedule? **Yes or No**

I will commit to fulfill the responsibilities required as a member of the Chamber Connectors to the best of my abilities. I will be a positive voice for the Chamber and will promote participation in Chamber programs and events.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant has our full support to participate as a member of the Chamber Connectors. We fully understand the time commitment of 3-5 hours per month and recommend them for the position.

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to the Grand Island Area Chamber of Commerce:**

309 West 2nd Street, Grand Island, NE 68801

Email: [info@gichamber.com](mailto:info@gichamber.com)

