



AMBASSADOR APPLICATION

Name: _____ Job Title: _____

Employer: _____

Cell Phone: _____ Business Phone: _____

Email Address: _____

Have you read the Ambassador Expectation sheet? YES NO

Are you willing to *fully participate* in all of these functions on the Chamber's behalf? YES NO

Are there times you will not be able to participate due to conflicts? YES NO

Explain: _____

Why do you want to join the Ambassadors? _____

What do you consider to be the primary purpose of the Garden City Area Chamber of Commerce?
Ambassadors? _____

Are you willing to purchase the required uniform outlined in the Ambassador handbook? YES NO

Applicant Signature: _____

I have read the involvement sheet and support my employee's participation in The Garden City Area Chamber of Commerce Ambassadors.

Owner/Manager Signature: _____