



AMBASSADOR APPLICATION

Business Name		
Name		
Title		
Phone Number	Direct line:	Cell Number:
Email Address		
Business Address		

We want to know YOU

Briefly tell us about your business -

How long have you been a member of the Lodi Chamber of Commerce

What do you feel you can contribute to the Ambassador Program

- | | | |
|--|-----|----|
| Can you commit to attending a monthly meeting? | Yes | No |
| Can you commit to delivering one plaque per month? | Yes | No |
| Can you commit to attending and volunteering to earn points? | Yes | No |
| Can you commit to presenting a plaque or first dollar certificate per month? | Yes | No |
| Would you be the next Ambassador of the year? | Yes | No |
| Would you like to be one of the Committee Leaders | Yes | No |