



Chamber Ambassadors
Connecting the Chamber to the Community

Application

Name _____

Company _____

Title _____

Supervisor's Name _____ Title _____

Number of Years with Current Employer _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Birthday (Month/Day) _____

Job Description _____

Hobbies _____

Other Volunteer Service _____

I have read the Ambassador Guidelines and am willing to meet the requirements for the volunteer service on the Ambassador Committee.

Signature _____ Date _____

Please return to: Debbie Jones, Executive Director
Thomson-McDuffie Chamber of Commerce
149 Main St.
Thomson, GA 30824
(706) 597-1000 FAX (706) 595-2143
debbie.jones@thomson-mcduffie.net