



Madison Area Chamber of Commerce

301 E MAIN STREET

MADISON, INDIANA 47250

OFFICE: (812) 265-3135

FAX: (812) 265-9784

Application for Ambassador Membership

I, _____, would like to take advantage of the opportunity to become a member of the Madison Area Chamber of Commerce Ambassadors.

I have read and understand the criteria & guidelines. If invited to join this good-will organization, I agree to serve and perform the tasks as outlined therein.

(Signature)

(Date)

Madison Area Chamber of Commerce - Ambassador Member Release

The above applicant is an employee of our organization and has our approval and support for his/her commitment as an Ambassador of the Madison Area Chamber of Commerce. The Ambassador position allows our employee to represent our company while acting as a liaison for the Chamber. Our employee has our permission for time off to attend meetings, functions and other events as required by the Ambassador Committee.

Company Name: _____

(Supervisor Signature)

(Date)