



Connecting Our Communities to Build Your Business

Southern Kentucky Chamber of Commerce

P.O. Box 1566
Corbin, KY 40702
606-528-6390

Ambassador Club Application

Contact Information

Name: _____

Company Name: _____

Street Address: _____

City/ State/ Zip: _____

Work Phone: _____ Cell: _____

E-mail Address: _____

Personal Information

Name you want printed on your badge: _____

Home Address: _____ City: _____ Zip: _____

Personal Email Address: _____

What size shirt do you prefer: S M L XL XXL Men__ Women__

Please describe why you are interested in becoming an Ambassador?

How do you feel you can best represent the Chamber of Commerce?

Would you be willing to serve on any additional committees of the Chamber of Commerce, such as Membership Development, Government Affairs, Program & Special Events, or Women's Council? Yes__ No __ Not sure __

As an applicant of the Ambassador Club, I understand that I must:

- Maintain active participation in all of the Ambassador and Chamber functions, committing my time for a minimum of 12 months of service
- Retain a professional appearance and attitude when representing the Chamber
- Keep all proprietary information confidential
- Volunteer my time to help at various Chamber events as often as possible during my tenure
- Attend the monthly meetings typically held the third Friday of each month
- Attend as many ribbon cuttings and patrols as is possible
- Be knowledgeable about the Chamber in areas regarding Chamber services, its programs, and the business community
- Practice honesty, professionalism, and respect while conducting efforts on behalf of the Chamber

Upon reading and understanding the information pertaining to the Ambassador Club program and the responsibilities associated with being an Ambassador, I hereby submit my application for review and potential acceptance into the Chamber's Ambassador Club.

Name (printed): _____

Signature: _____ Date: _____