



Sauk Valley Area
chamber of commerce

**Ambassador Club
Application for Ambassador Membership**

Name _____

Place of Business/Employment: _____

Business Address: _____

Work Title: _____ Business Phone: _____

Job Duties: _____

Business Fax: _____ Business/ Email: _____

Name of Immediate Supervisor/Manager: _____ Phone: _____

Home Address: _____

Home Phone: _____ Home Email: _____

Name of Nominating Individual (if applicable): _____

Phone #: _____ Relationship to Applicant: _____

Please give a brief statement as to why you want to be an Ambassador.

Volunteer Committee Experience: _____

Past and Present Community Involvement: _____

Availability to attend functions such as Ribbon Cuttings during business hours? _____

Additional comments: _____

Supervisor/Manager's Signature

Applicant's Signature

Date