

Enrollment Application Information Form



Name: _____

Daytime Phone #: _____ Cell # _____

Address: _____

Email address: _____

Where do you work? _____

Is your company a member of the Holdrege Area Chamber of Commerce? YES NO

Are you currently a member of the Holdrege Area Chamber of Commerce? YES NO

Have you ever been a member of the Holdrege Area Chamber of Commerce? YES NO

Have you ever been a member of the Holdrege Chamber Ambassadors? YES NO

If yes, please provide the years: _____

Why do you want to join the Ambassadors?

What strengths do you possess that you feel will benefit the Ambassadors?

Return to: Carley Bruning
PO Box 522
502 East Ave, Ste 201
Holdrege, NE 68949

Or email to: carley@phelpscountyne.com

***Thank you so much for your interest in Ambassadors. A member from the Ambassadors will be contacting you soon. ***