

# Chamber Connector Application



Name: \_\_\_\_\_

Business: \_\_\_\_\_

Position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Previous/Current Chamber and Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list three traits, qualities or experiences that you will bring to Chamber Connection.

\_\_\_\_\_

\_\_\_\_\_

What is your expectation as a member of Chamber Connection? \_\_\_\_\_

\_\_\_\_\_

Connectors receive participation points for attending the following: Ribbon Cuttings on Friday mornings (10 a.m. and 10:30 a.m.), meetings the third Thursday of each month at noon, Business After Hours the fourth Thursday, Connection Point Visits once a month, Decal Blitz at beginning of the year. There will be a 90 day preliminary period once added to the group to insure the Connectors is a good fit for each individual joining. Do you see these time commitments fitting into your schedule?

\_\_\_\_\_

I will commit to fulfill the responsibilities required as a member of Chamber Connection to the best of my abilities. I will be a positive voice for the Chamber and will promote participation in Chamber programs and events.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The applicant has our full support to participate as a member of Chamber Connection. We fully understand the time commitment of 3-4 hours per month and recommend them for the position.

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please return to Michael Zimmerman, Grand Island Area  
Chamber of Commerce Mail: 309 West Second Street, Grand Island, NE  
68801

