



904 E. 6<sup>th</sup> St. / Corona, CA 92879

Phone: (951) 737-3350 / Fax: (951) 737-3531

[www.MyChamber.org](http://www.MyChamber.org) / e-mail: [Heather@MyChamber.org](mailto:Heather@MyChamber.org)

***"To promote and encourage the development of the CORONA area and surrounding trade area, in the best interest of the business community."***

### **2018 AMBASSADOR APPLICATION / AGREEMENT**

(Subject to annual review)

\_\_\_\_\_  
Name (Printed on Name Badge)

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Company (Printed on Name Badge)

\_\_\_\_\_  
Company Phone

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
City & Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Title

\_\_\_\_\_  
Year became Ambassador

Application Fee of \$100 includes burgundy cardigan or polo and name badge. (lost or replacement badge will be charged \$20)

**List other groups and organizations in which you are now involved or which you have been involved and in what capacity.**

\_\_\_\_\_  
\_\_\_\_\_

**Why would you like to be an Ambassador?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Professional Referral: (Name, title and phone number:**

\_\_\_\_\_

**As an Ambassador, I understand that I must commit to the following:**

**Ambassador Requirements:**

Must be a Chamber member in good standing. Must wear Ambassador name badge and approved Ambassador attire when participating in official Chamber event. Attend monthly Ambassador Meetings 2nd Wednesday of each month at Noon, meet 30 point minimum requirements per quarter.

**Actively participate a minimum of two functions per month which could include the following:**

Chamber 101, Good Morning Corona, GORC, Seminar Set Up or Clean Up, Welcome Phone Calls, Membership Plaque Delivery or other approved tasks.



I understand that if I do NOT participate in required functions, for more than two months, that my Ambassador Club Membership will be placed on hold until I can commit to representing the Chamber consistently for six months.

I agree to represent the Corona Chamber of Commerce in a friendly, enthusiastic and professional manner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*Please provide a copy of your Driver's License and current Auto Insurance**

**Notes:**

\_\_\_\_\_  
Approved by Heather Rawlings

\_\_\_\_\_  
Date