

Ambassador Application

Name:	
Company Name:	
Position/Title:	
Address:	
City: State: Zip:	
Phone & Email:	

Tell us about your interest in the Chamber Ambassador Program:

Did someone recommend that you be an Ambassador, if so, who?
Which Chamber events/programs have you attended in the past year? Please circle all that apply. UnWINEd Golf Tournament Bocce Tournament Annual Meeting Holiday on the Hill Biz Blitz Monthly Luncheon Business After Hours Meet & Greet
Why do you want to be a Hermantown Area Chamber Ambassador?
What do you hope to gain from this experience?
What can you contribute to the Chamber and its Ambassador Program?
Rank your interests/priorities 1-3 <input type="checkbox"/> Networking <input type="checkbox"/> Membership Retention <input type="checkbox"/> Identifying New Membership

Signature: _____

Date: _____

Thank you for completing the form and your interest in the Ambassador Program with the Hermantown Area Chamber of Commerce. Please email the form to kim@hermantownchamber.com