



Glendora Chamber of Commerce
AMBASSADOR COMMITTEE
Candidate Application for Service

Company: _____

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Website: _____

Please list the best time to contact you: _____

Describe your past and current involvement with the Glendora Chamber of Commerce: _____

List other groups and/or organizations in which you are now involved or in which you have had previous involvement (include any office held, special projects, etc.): _____

Please rank the following in accordance of importance to you (1-5, 1 being highest):

_____ After Hours Mixers _____ Ribbon Cuttings/Grand Openings

_____ Special Events _____ Networking Events

_____ Visiting New and Current Members

Please read and initial the following statements:

_____ I have received and reviewed a copy of the Ambassador Program Informational Brochure, and understand the information set forth regarding the responsibilities and expectations of serving as a Glendora Chamber of Commerce Ambassador.

_____ I agree to attend the monthly Ambassador Committee meetings, and at least one Chamber event per month.

Applicant Signature

Date