



## Chamber Ambassador Application

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

Business Name: \_\_\_\_\_ (If you are an individual member, indicate: "individual")

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

- 1) Why do you want to be an Ambassador for the Sanger Area Chamber of Commerce?
  
- 2) What attracted you to the Ambassador program?
  
- 3) You will be expected to attend 50% of the meeting dates and times listed below:

Ambassador Meeting on the Second Friday of the month 12-1 pm  
Business Over Breakfast Second Wednesday of the Month 8:30 am  
Business Luncheon Fourth Wednesday of the Month 12-1 pm

Please circle yes or no if you will be able to make this time commitment

Yes      No

- 4) Areas of Ambassador Service are listed below. You will be expected to participate in all areas:  
Please circle areas of interest to serve as a Welcome Ambassador.

Monthly Luncheons

Business Over Breakfast

Awards Banquet

Sanger Sellabration

Quarterly Mixers

Recruit New Members and Retention

Thank you and your company!

***Please return this application to Debbie Reaves at [chamber@sangertexas.com](mailto:chamber@sangertexas.com)***