



## 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)***