

CONNECT - EDUCATE - COLLABORATE



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 the meeting dates and times listed below...

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

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....

- Luncheon Welcome & Follow-Up
- Discovery & Recruitment
- Social Media
- School District Connector
- City Connector
- New Sanger Residents Welcome
- ★ Chamber Events Success

Please Circle which area(s) you have the most interest serving in

Please return this application to Debbie Reaves at chamber@sangertexas.com