

# Ambassador Application

## Greenbrier Chamber Of Commerce

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Organization \_\_\_\_\_  
CEO's Name \_\_\_\_\_  
Phone# & Email address \_\_\_\_\_  
Address \_\_\_\_\_  
Birthday (month/day) \_\_\_\_\_ Years/months with Current Employer \_\_\_\_\_  
Current Job Description  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to be an Ambassador?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### All Volunteer Service

*Please read Ambassador Overview.....*

I understand the purpose of the CHAMBER AMBASSDOR Program, have the full support of my business, and if selected, **will devote the time required to complete the program.**

I have attached a current professional picture of myself. I understand that if accepted into the Ambassador Program that this picture ( 2 ½ x 3 ½ ) will be used in any related Chamber publications.

Upon completion of my application, I acknowledge that I have read the above and can commit to these guidelines in order to join the Greenbrier Chamber Of Commerce Ambassadors.

Ambassador Name \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Ambassador Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_

We want to thank you and your organization for supporting the Chamber of Commerce! We are excited to offer you this opportunity to increase your business contacts and exposure for you and your organization through the Ambassador Program.

**\*DON'T FORGET: E-mail in your photo with application please!\***

Interested parties please complete the application and return a copy to the Chamber office by annual deadline.  
Greenbrier Chamber of Commerce, P O BOX 418, Greenbrier, AR 72058  
Phone: 501-679-3308 Email: info@greenbrierchamber.org