

Application for Roane County Chamber Ambassadors



Date _____

Name _____ Title _____

Company _____

Company Address _____

City _____ State _____ Zip _____ Business Phone: _____

Business Fax: _____ Email address: _____

Your Company CEO _____

Your Home Address (optional) _____

City _____ State _____ Zip _____ Phone _____

In what capacity would you like to serve for the coming year?

- | | | |
|---|-------------------------------|-----------------------------|
| _____ New Member Visits | _____ Telephone Service Calls | _____ Chamber Happy Hour |
| _____ Teachers Supply Closet | _____ Member Recruitment | _____ Chamber Welcome Wagon |
| _____ Assist with Annual Banquet | _____ Other | |
| _____ Attend Grand Openings/Ribbon Cuttings/Coffees/After Hours | | |

Agreement/Pledge:

I agree to be an active member of the Ambassador Program of the Roane County Chamber of Commerce. I understand that “active” is the key word in this agreement, and if I cannot be actively involved, I will agree to relinquish my Ambassadorship. As an Ambassador of the Roane County Chamber of Commerce, my job is to act as a liaison between the members and the Chamber staff. To do this, I will attend and assist at events, attend Ambassador meetings, bring members and prospects to events, contact my assigned list of members throughout the year and report information gathered to the Chamber staff. As a Chamber Ambassador, I am expected to enjoy myself and have fun when I participate.

Sign _____

Date _____