

Atwater Chamber of Commerce
Ambassador Committee Application Form

Name: Your Position or Title

Company Name

Mailing Address

Company Phone Preferred Contact # Fax

Email

Name you want printed on your badge: _____

Please circle the appropriate answers:

Are you or your company a current chamber member? **Yes** **No**

How long have you been a chamber member? **1 year** **2-3 years** **4+ years**

Reasons for becoming a Chamber of Commerce Ambassador:

What do I have to offer the Atwater Chamber of Commerce?

Your Signature Date Signed