

POLSON CHAMBER OF COMMERCE
Ambassador Committee Membership Application

Name: _____ Date: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Cell: _____

Home: _____

Work: _____

E Mail: _____

Are you, or is your business currently a member of the Polson Chamber of Commerce? _____

What types of volunteer activities have you been involved with?

Do you have any interests or skills that would be a benefit to the Ambassador Committee?

Why would you like to be a part of the Ambassador Committee?

Which Ambassador Committee activities are you most interested in?

Signature: _____ Date: _____

“FOR OFFICE USE ONLY”

Ambassador Committee Approval Recommended: YES _____ NO _____

Chamber Board Action: Approved _____ Not Approved _____