



Ambassador's Team Application Information

Name: _____ E-mail _____

Chamber Member Employee: _____

Position / Title: _____

Business Address: _____

Business Phone: _____

Home Address: _____

Home Phone: _____

How long have you lived in Sheboygan County? _____

Why do you want to join the Ambassador's Committee? _____

Are you involved in any other Chamber or community activities, if so what? _____

What qualities do you have that would make you a good Ambassador? How would you promote membership growth?

Referred to the Ambassador's Team by: _____

I understand the purpose of the Ambassador's Team, the requirements of membership and the commitment asked of me.

Signed: _____ Date: _____

*****For Chamber Use Only*****

Date of Interview: _____

Interviewers:

Recommendation: _____

