



AMBASSADOR COMMITTEE MEMBERSHIP FORM

Name – Print

Today's Date

Company Name

Your Position or Title

Company Mailing Address – Street

Suite/Building #

Company – City

State/Zip

County

Company Phone/Direct line

Home/Cell Phone

Fax

Your Email Address at Work

Web Site

Please check the committee/s you are interested in participating in:

Chamber Services

- Annual Business Directory
- Newsletter/Communication
- Membership BBQ

Events

- Golf Tournament
- Community Awards Dinner
- Christmas Tree Lighting

ART & WINE FESTIVAL Volunteers

- Facilities
- Marketing
- Memorabilia Sales
- Sponsorship
- Set-up
- Ticket Booth

- Runner
- Sign Postering
- Food Sales
- Children's Activities
- Tear Down
- Parking

If selected to serve on a committee, I agree to abide by chamber bylaws and work toward the completion of the best possible program/event. I will take on commitments I can keep. I will remove myself from decisions that represent a conflict of interest.

Signature: _____

Date: _____