## SHELBY COUNTY CHAMBER OF COMMERCE AMBASSADOR APPLICATION FORM

NAME:		
POSITION/TITLE:		
CITY	ZIP	
BUSINESS PHONE:	BUSINESS FAX:	
CELL PHONE:		
EMAIL:		
	ponsored by a Chamber Member or be an Individual Member of the Shelby	
Please tell us what you think you can brir	ng to the Ambassador Program:	
Please tell us what you hope to get out of	the Ambassador Program:	
Have you had any previous experience w	ith a Chamber of Commerce? If yes, please explain.	
List community services and organization	ns that you have previously or currently involved in:	
Are you connected to the Chamber on Fa	cebook?   Yes   No Comments:	
Do you serve on any other Chamber Com	mittees?   Yes   No Comments:	
	nts of the Shelby County Chamber of Commerce Ambassador and would like d my business as an Ambassador for the year.	to
SIGNED:	DATE:	

Please return completed application to: Shelby County Chamber of Commerce, 100 Courthouse Square A-101, Center, TX 75935 Email: deborah@shelbycountychamber.com \* Phone: (936) 598-3682 \* Fax: (936) 598-8163