



AMBASSADOR APPLICATION

Name/Title: _____

Company Name/Supervisor's Name: _____

Address: _____

Phone:
Work: _____ Cell #: _____

Home: _____ Fax: _____

Email: _____ Date of Birth: _____

Job Description: _____

Community Involvement: _____

Professional Involvement: _____

Why do you want to serve as an Ambassador? _____

What goals would you like to accomplish through the Ambassador Program? _____

By signing below, I agree that I have read and understand the expectations of the Ambassador program. I agree to follow these expectations and guidelines to the best of my ability. I have read and understand what is expected of me as an Ambassador for the Corpus Christi Chamber of Commerce.

Please attach the \$10 application fee.

Signature of Applicant

Signature of Applicant Supervisor