



## APPLICATION FORM

Name/Title \_\_\_\_\_

Organization \_\_\_\_\_

Type of Business \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_

### Areas of Expertise:

Please check the boxes below to indicate the area in which you prefer to provide mentoring assistance to Chamber members:

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting/Finance        | <input type="checkbox"/> Legal                |
| <input type="checkbox"/> Franchised Business Asst. | <input type="checkbox"/> Marketing/Sales      |
| <input type="checkbox"/> Home Based Business Asst. | <input type="checkbox"/> Real Estate          |
| <input type="checkbox"/> International Trade       | <input type="checkbox"/> Small Business Loans |
| <input type="checkbox"/> IT/Technology             | <input type="checkbox"/> Other (please list): |

Ambassadors will be divided into teams similar to the Chamber's Networking Leads Groups.

**Please read the Ambassador Guidelines before signing below.**

- I am interested in serving as a Team Captain at Ribbon Cuttings.
- I have read the guidelines and agree to follow them to the best of my ability.

Signature \_\_\_\_\_

*Thank you for considering becoming a member of the Chamber Ambassador "A Team."*