



AMBASSADOR PROGRAM APPLICATION

Please complete and return to The Chamber of Commerce of West Alabama. Type or print legibly. If possible, please include a letter of recommendation from your employer. In order to be considered for selection, application must be received with enrollment fee (\$200) and a black-and-white photo.

GENERAL

Name: _____

Home Address: _____

_____ Phone: _____

Business Address: _____

_____ Phone: _____

Fax Number: _____ Email: _____

Where would you like correspondence to be sent? _____ Home _____ Office _____

Your exact title and name of firm (for publication purposes):

Name as it should appear on nametag: _____

Spouse's Name: _____

Number of years lived in the Tuscaloosa County area: _____

Briefly describe your concept of the Ambassador Program: _____

PRESENT EMPLOYMENT

Firm: _____

Title: _____ Length employed: _____

Brief job description: _____



ORGANIZATIONS AND ACTIVITIES

List community, professional, civic, religious and other organizations you are or have been affiliated with, as well as offices you hold or have held. Please limit the list to the 10 most important to you.

ORGANIZATION

DATES

OFFICES HELD/ACHIEVEMENTS

Have you been as involved in community activities as you would like to be? ____ Yes ____ No

If not, what have been the major barriers to your becoming involved? _____

What do you hope to gain from your involvement in the Chamber's Ambassador Program?

Do you have the full support of your employer for the time required to participate effectively as a Chamber Ambassador? ____ Yes ____ No

Signature of your supervisor: _____ Phone: _____

Will you be able to attend the majority of the monthly Ambassador meetings? ____ Yes ____ No

Other comments / information: _____

Signature of Applicant: _____ Date: _____