

# AMBASSADOR APPLICATION



Name: \_\_\_\_\_ Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Work Title: \_\_\_\_\_

Email: \_\_\_\_\_

Years as an Ambassador: \_\_\_\_\_

## NAME BADGE

- I would like to order an Ambassador name badge.
- No, thank you. I already have an Ambassador name badge.

## PERSONAL STATEMENT

Please write a brief statement as to why serving as a Chamber Ambassador is important to you. This statement will be used in your bio if you are chosen as the Ambassador of the Month. (Attach an additional sheet if necessary.)

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## COMMITMENT

I have reviewed the Ambassador program information and understand all that is to be required of me. By signing below, I am confirming that I am committed to being an Ambassador of the Conway Area Chamber of Commerce.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your application to Ed Linck at [Ed@ConwayArkansas.org](mailto:Ed@ConwayArkansas.org).