



AMBASSADOR APPLICATION

Applicant Name (Print): _____

Name of Business/Company: _____

E-mail Address: _____

Contact Numbers: (B) _____ (C) _____

Yes or No:

Are you able to attend one Ambassador meeting each month (4 th Monday of every month)? _____
Have you been a GFA Chamber Member in good standing ? _____
Are you able to contribute in mentoring new members? _____
Will you recruit and invite new members to attend functions? _____
Are you able to attend at least one Chamber event per month, to greet, help and volunteer? _____
Are you able to participate in ribbon cuttings/ground breaking ceremonies? _____
Will you be an effective Ambassador – represent and promote the Chamber? _____

Please read and sign the below statement and return to:

Greater Farmington Area Chamber of Commerce

32780 Grand River Avenue, Ste. 207A

Farmington, MI 48335

E-mail: Marcia@GFACHamber.com or Fax: 248-919-6917

STATEMENT OF UNDERSTANDING

I commit to volunteering for the Chamber to promote membership, through the Ambassador Committee for 1 year. I have read and understand what is required as an Ambassador. I feel I meet the requirements as an Ambassador for the Chamber.

Signature/Company _____ Date _____