

MACC Ambassador Application

ADVOCATE COMMUNICATE PROSPER

Name	Title
Employer/Business	
Address	
Business Phone	Cell Phone
Email	
1. Please tell us why you think you would	be a good Ambassador?
2. What do you hope to gain from serving	as an Ambassador?
3. Please tell us a little about yourselfint	erest, hobbies, ect.

Mon Tues Wed Thurs Fri Sat Sun	
Mornings Afternoons Evenings Weekends	
Commitment and Agreement	
I understand the mission and purpose of the Ambassador Program and agree to devote time necessary to accomplish the goals of the program.	he
I understand my responsibilities are to; Serve as an Ambassador for a period of one year Attend Ambassador Orientation/Training Session Attend Chamber events whenever possible Be professional and optimistic Exercise respect and confidentiality Carry out the responsibilities of an Ambassador as outlined in the Program Guid	le
I further understand that if my schedule does not allow me to fully support my duties as an Ambassador, I will resign until I am able to fully participate.	
I have permission of my employer to participate in the Ambassador Program.	

Signature	Date	

Milan Area Chamber of Commerce 153 E. Main St. ~ P.O. Box 164 Milan, MI 48160 (734)439-7932 www.milanchamber.org