



2019-2020 AMBASSADOR COMMITMENT FORM

Name: _____

Company: _____

Job Description: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

I understand in order to maintain active Ambassador Status, I must retain an average of 50 percent each quarter by participating in the following events and functions:

- ☐ Networking events: Summit Series, Breakfast Club, Business After Hours, Fundraisers,
- ☐ Ambassador meetings (held at 8:30 a.m. the second Thursday each month)
- ☐ Ribbon Cuttings

I have read the Ambassador handbook and agree to abide by the guidelines set forth for the Ambassadors by the Adrian Area Chamber of Commerce. Furthermore, I agree to conduct myself in a professional manner at all times while serving as a volunteer. I also understand that failure to adhere to these requirements may result in involuntary dismissal.

Completion of this application does not guarantee acceptance; however, is required as part of the submission process. The Ambassador Chairperson will contact you in regards to a new Ambassador interview.

Applicant's Signature: _____ **Date:** _____

Submit your completed form: via email: office@adrianareachamber.com
 via mail: 230 W. Maumee St. Adrian, MI 49221