



# Gilmer Chamber Ambassadors

An Initiative of the Gilmer Chamber  
Application

Date of Application \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Business/Organization Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email Address \_\_\_\_\_

Term (1Year): January 1, 2024 through December 31, 2024

New Ambassadors will pay a one time fee of \$75 for name badge and professional headshot.

1. Why are you interested in becoming an Ambassador?
2. What contributions can you bring to the Ambassador Team?
3. Describe yourself using only 5 words.

## REQUIREMENTS and RESPONSIBILITIES

Attend monthly ambassador meetings.

Invite members to networking events and ribbon cuttings.

Help educate and assist new, current, and potential members about the benefits and services of Chamber membership.

Mentoring new members by encouraging their participation in Chamber events and committees.

Fostering member engagement in Chamber programs, events, and committees.

Make contact with assigned members by personal visits, phone calls, and emails.

Complete and submit monthly activity sheet.

Stay well informed of the functions and services of the Chamber and be able to relay that information to members.

## AGREEMENT

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief.

I understand that myself or my employer, must be a member in good standing. If I leave my current employer, I understand that I will need to reapply to the Ambassador program with my new employer.

I hereby acknowledge that I have read the Ambassador agreement and fully understand the responsibilities and requirements of the Ambassador Committee.

Further, I understand that failing to adhere to the professional and personal obligations outlined above and in the Ambassador Agreement will result in the termination of my membership on the Ambassador Committee.

**Applicant Commitment Agreement:**

*I have read and understand the obligations and time commitments expected of me to participate in the Ambassador Program.*

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Signature of Applicant

**Supervisor Commitment Agreement:**

*I have read and understand the obligations and time commitments expected of the above employee to participate in the Ambassador Program.*

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Signature of Supervisor (if applicable)

**Information for your name badge**

Your name \_\_\_\_\_  
(Please print)

Company Name \_\_\_\_\_  
(Please print)

Date Received \_\_\_\_\_

Reviewed & Recommended On \_\_\_\_\_

Accepted & Notified On \_\_\_\_\_

Fee Received \_\_\_\_\_

Please return to:  
Email: [elleng@gilmerchamber.com](mailto:elleng@gilmerchamber.com)