



BELL COUNTY CHAMBER  
**AMBASSADOR**  
P R O G R A M

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

Company Name: \_\_\_\_\_

Position/Title: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile)

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

Did someone recommend you to be an Ambassador? If so, who? \_\_\_\_\_

Why do you want to be an Ambassador for the Bell County Chamber of Commerce?

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What do you hope to gain from this experience?

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What do you feel you can contribute to the Chamber and its Ambassador Program?

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Rank your interests/priorities 1-3

\_\_\_\_\_ Networking

\_\_\_\_\_ Membership Retention

\_\_\_\_\_ Identifying New Membership

By submitting this application, I affirm that the facts set forth are true and complete. I also affirm that I am willing and able to make the time commitment required.

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

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

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

Thank you for completing the form and for your interest in the Ambassador Program with the Bell County Chamber of Commerce. Please email the form to [chamber@bellcountychamber.com](mailto:chamber@bellcountychamber.com)

