



Milford Area Chamber of Commerce  
Ambassador Committee Application

Name/Title: \_\_\_\_\_

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

Address: \_\_\_\_\_

Work #: \_\_\_\_\_ Cell # \_\_\_\_\_

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

Job Description: \_\_\_\_\_

Professional/Community Involvement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to serve as an Ambassador?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What goals would you like to accomplish through the Ambassador Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in the positions of Ambassador Program Chair or Vice Chair? \_\_\_\_\_

By signing below, I agree that I have read and understand the expectations of the Milford Area Chamber of Commerce Ambassador Program. I have read, understand and agree to follow these expectations and guidelines to the best of my ability as a member of the Ambassador Committee.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Applicant Manager