



CHAMBER OF COMMERCE

**2016  
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: Adrian in the AM, Breakfast Club, Business After Hours, Fundraisers, New Partner Orientation, Seminar Series etc.
- Ambassador meetings (held at 8 a.m. the first Tuesday 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 fax: 517-265-2432  
via email: office@adrianareachamber.com  
via mail: 137 N. Main St., Adrian, MI 49221