

DICKINSON AREA
CHAMBER



OF COMMERCE
Better Together!



DICKINSON AREA CHAMBER of COMMERCE AMBASSADOR APPLICATION

(Applicant must be affiliated with a business that is a Chamber of Commerce member)

Name _____

Business _____

Address _____

City, State, Zip _____

Phone _____ Fax _____

Email _____

DUES \$30 ANNUALLY (Payable when joining, then annually in January)

Ambassador Sponsor _____

Date _____

Approved by _____ Date _____

Date paid _____ check # _____



CHAMBER AMBASSADOR PROFILE

Please provide a 2 paragraph profile about yourself for the Ambassador website: Also include a headshot.

Name & business affiliation: How long at present employment? Tell us a little about it.

How long have you been a Chamber member?

Married? Single? Tell us about yourself.

What high school did you attend? College?

How long have you lived in the area?

Email to Suzanne Larson, Chamber Executive Director
slarson@dickinsonchamber.com