



Champaign County
CHAMBER
of Commerce

**2009
AMBASSADOR
COMMITMENT
FORM**

Name: _____

Company: _____

Address: _____

Telephone: _____ Cell: _____

Email: _____

Birthday (Month/Day only): _____

I understand in order to maintain active Ambassador status, I must attend the following activities, at a minimum, during the year:

- Attend 25% of ribbon cuttings, breakfasts, after hours, special events
- Attend 75% of Ambassador meetings
- Make ten Chamber member retention contacts

I agree to abide by the guidelines set forth for the Ambassadors by the Champaign County 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, it is required as part of the Ambassador application process. Upon acceptance as an Ambassador, you will receive notification from the Chamber Membership Services Coordinator.

Applicant's Signature: _____ Date: _____

Submit your completed form to the Champaign County Chamber of Commerce. Questions may be directed to Paul Caravelli at 217.359.1791 or PaulC@champaigncounty.org.