

Hendersonville Area Chamber of Commerce Ambassador Application

Last Name: _____ First Name: _____ MI: _____

Company Name: _____

Your Title: _____ Birth Date: _____

Business Address: _____ City: _____ Zip: _____

Business Phone: _____ Cell: _____ Email: _____

How long have you been with this company? _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

Are you currently on any other boards or committees? If so, please list.

Why do you want to become an Ambassador for the Hendersonville Area Chamber of Commerce?

Signature: _____ Date: _____

EMPLOYER/CEO PLEDGE OF SUPPORT

As a Chamber Ambassador, the commitment must be a pledge that is supported by both the volunteer and their employer. It is important to recognize that the time spent as a member of this group is a contribution to the business community and a positive reflection of the Ambassador's Company as a whole. We hope that you will want to support your employee in their commitment.

(Employer/CEO) Date: _____

Thank you for applying to be a Hendersonville Area Chamber of Commerce Ambassador. Please fax your completed forms to the Chamber at 615-250-3637 for review and approval.

If you have any questions contact Wendy Hughes at 615-824-2818 or e-mail to:
wendy@hendersonvillechamber.com