



BRIDGEPORT
CHAMBER of COMMERCE
Completely Texan, Uniquely Bridgeport

Ambassador Application

Name: _____ Title: _____

Company Name: _____ Supervisor's Name: _____

Job Description: _____

Address: _____

Work Phone: _____ Cell: _____

Home Phone: _____ Fax: _____

Email: _____

Questionnaire: _____ D.O.B _____

Community Involvement: _____

Professional Involvement: _____

Why do you want to serve as an Ambassador: _____

What do you would you like to accomplish through the Ambassador Program? _____

By signing below, I agree that I have read and understand the expectations of the Ambassador program. I agree to follow these expectations and guidelines to the best of my ability. I have read and understand what is expected of me as an Ambassador for the

Name of Applicant: _____ Name of Supervisor: _____

Signature of Applicant _____ Signarure of Supervisor: _____