



AMBASSADOR Application

Name: _____

Business Name: _____

Mailing Address: _____

City State, Zip Code: _____

Business Phone: _____ Fax: _____

Cell Phone: _____ Email: _____

Date: _____

Recommended By (optional) _____

Briefly describe why you want to become or continue as an ambassador and how you would add value. (optional):

Signature

Date

Please note that new Ambassadors are required to complete one year of participation before receiving a name badge and the Ambassadorship logo on your business listing.