



Ambassadors Application Form

Section A

Name:

Title:

Company:

Address:

City:

State:

Zip:

Phone:

Fax:

E-mail:

Recommended By (*optional*):

Section B

Briefly describe why you want to become or continue as an Ambassador and how you would add value:

Signature

Date

Please complete and return this form to:

Sugar Grove Chamber of Commerce & Industry

E-mail: info@sugargrovechamber.org

Fax: 630-466-7895

Once your application has been received, the application will be reviewed, and you will be contacted. Thank you!