

# Ambassador Committee Application

Thank You for your interest in applying for membership with the Mason City Chamber Ambassadors. Please fill out the following information:

## CONTACT INFORMATION

NAME: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_

## REQUIRED INFORMATION

Type of Business: \_\_\_\_\_

(e.g., retail, banking, insurance, non-profit)

Number of years in Mason City: \_\_\_\_\_ Number of years with current employer: \_\_\_\_\_

Have you served on other Chamber committees?                      Yes                      No

If so, what committee? \_\_\_\_\_

Why do you want to be an Ambassador? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List areas of Community Involvement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Referred by: \_\_\_\_\_

Please return your completed application to Membership Director Colleen Frein by fax (641.423.5725), email (cfrein@masoncityia.com) or mail (9 N Federal Ave). All applications will be considered for 6 months after submission. If application expires, candidates are invited to reapply (no limit on number of resubmissions). Please call Colleen at 641.423.5724 with questions.

