

**RIDGECREST CHAMBER OF COMMERCE AMBASSADORS
REQUEST FOR MEMBERSHIP**

Reached VIP Status _____

Mr. _____ Mrs. _____ Ms. _____ Request Date: _____

Name: _____ Birthday: (mo/date) _____

Nickname: _____ Title/Position: _____

Business

Name: _____ Phone: _____

Business Address: _____ Fax: _____

e-mail: _____

Home

Address: _____ Phone: _____

e-mail: _____

Name of Significant Other: _____

& Names of Children: _____

Preferred method for Information Receipt (Select One):

PHONE:

Home: _____

Business: _____

FAX:

Home: _____

Business: _____

e-mail address:

MAILING ADDRESS:

Chamber Offices held/Councils/Committees, etc.: _____

Other Service Groups and/or Community Organizations (List position or office, if applicable): _____

Why do you want to be a Ridgecrest Chamber of Commerce Ambassador?

Do Not Fill In Below This Line - For Membership Committee

Sponsor: _____

Approved ___ Declined ___

_____ Attended Ambassador Meeting

_____ Attended Luncheon

_____ Candidate Interview

_____ Voted On

Positions Held: _____

Resigned: _____

VIP Eligibility Date: _____

Leave of Absence: _____

Please provide a short bio (50 to 75 words):

Strengths or assets brought to the Ambassadors:

I have read the material listed below and understand why my membership will require a commitment of time and a certain monetary cost. The estimated initial cost will be \$130.00 and about \$10.00 per meeting.

Policies & Procedures

Ambassador Pledge

Signature: _____

Other Dates:

Completed Probation Period _____

Received Name Badge _____

Ordered Uniform _____

Received Uniform _____