

# Ambassador Application

FIRST NAME \_\_\_\_\_

LAST NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

JOB TITLE \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_ SUITE # \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAIN TELEPHONE ( ) \_\_\_\_\_ - \_\_\_\_\_ DIRECT LINE ( ) \_\_\_\_\_ - \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

WEBSITE \_\_\_\_\_

<b>BRIEFLY TELL US ABOUT YOURSELF</b>
<b>WHY DO YOU WANT TO BECOME AN AMBASSADOR?</b>
<b>WHAT DO YOU HOPE TO GAIN BY JOINING THE AMBASSADOR TEAM?</b>

Signature: \_\_\_\_\_

Please submit completed application to [info@scottsdalechamber.com](mailto:info@scottsdalechamber.com), fax to 480-355-2701, or mail to: 7501 East McCormick Parkway, Suite 202-N, Scottsdale, AZ 85258

