



PANAMA CITY BEACH
CHAMBER OF COMMERCE

AMBASSADOR APPLICATION

Date _____ Representing: • Individual/Self • Business

Name _____

Business _____

Email _____

Mailing Address _____

City _____ State & Zip _____

Physical Address (if different) _____

City _____ State & Zip _____

Business Phone # _____ Cell # _____

Please indicate all areas of volunteer interest:

- Grand Opening/Ribbon Cuttings
- Business After Hours
- Misc. events in Panama City
- Retention Visits to New Members
- Friday at the Beach
- Events at the Chamber building
- Misc. events on the Beach
- Delivery of publications

Other Volunteer Skills/Interests:

I understand that the Ambassadors are a committee of the Chamber and, as an Ambassador, I am a volunteer of that committee. I understand that I must attend the Ambassador Orientation first before representing the committee.

Signature of Applicant _____

For Office Use Only:

Orientation Completion Date _____

I acknowledge that I have received, reviewed, and agreed to the Ambassador Guidelines.

Signature of Applicant _____