



AMBASSADOR APPLICATION

Date _____

Representing: • Individual/Self • Business

Name _____

Business _____

Email _____

Mailing Address _____

City _____ State & Zip _____

Physical Address (if different)

City _____ State & Zip _____

Business Phone _____ Fax # _____

Cell Phone _____ Preferred Method of Contact _____

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 member of that committee. I understand that to receive the benefits of Ambassadorship, I must attend at least one event every month. I also understand that to participate, I must be employed with a business in good standing with the Chamber, or obtain my own individual Chamber membership.

Signature of Applicant _____



PANAMA CITY BEACH
CHAMBER OF COMMERCE

For Office Use Only:

Badge Levels Obtained:

- Introductory
- White
- Gold
- Platinum

Orientation Completion Date _____