

# **AMBASSADOR PLEDGE**

## **PERSONAL**

The Falls Chamber Ambassador program asks for a time commitment and a willingness to participate in a variety of Chamber sponsored events including monthly Ambassador meetings, Educational Seminars, Ribbon Cutting and Ground Breaking ceremonies, Membership Drives, Member retention efforts, and assistance at Membership meetings.

I agree to participate as an Ambassador in the ongoing Falls Chamber activities.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## **ORGANIZATION/BUSINESS**

Ambassador program applicants must have the support and commitment of their business or organization. The signature below of the organization/business is an indication of support for the nominee's participation and commitment by his/her organization/business to allow participation when called upon.

\_\_\_\_\_  
Signature of Employer/Supervisor

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

Please return this Application to the Chamber. The Ambassador Committee reviews all applications at their monthly meeting and will notify you of your acceptance. Thank you for considering service to the Chamber.

Falls Chamber of Commerce  
PO Box 178 / 106 S. Washington Street  
St. Croix Falls, WI 54024