



Become a Scotts Valley Chamber Ambassador!

JOIN OUR TEAM!

Name – Print

Today's Date

Business Name

Your Position or Title

Business Mailing Address – Street

Suite/Building #

Business – City

State/Zip

County

Date (Mo/Yr) Business Joined Chamber

Work Phone

Cell Phone

Email Address

Business Web Site

Please check the committee(s) you are interested in participating in:

Chamber Service Committees

- Events Committee
- Marketing Committee
- Membership Committee

Chamber Events Committees

- Community Awards Gala
- Art Wine & Beer Festival
- Ambassador Committee

If selected to serve on a committee, I agree to abide by chamber bylaws and work toward the completion of the best possible program/event. I will take on commitments I can keep. I will remove myself from decisions that represent a conflict of interest.

Applicant Signature: _____

Date: _____

For Internal Use Only

Membership Joined Date _____ Referred By: _____

Executive Director Signature _____ Date: _____

Ambassador President Signature _____ Date: _____

