



AMBASSADOR APPLICATION

Please Type or Print all information.

NAME: _____

BUSINESS: _____

POSITION: _____ LENGTH OF EMPLOYMENT: _____

WORK PHONE: _____ HOME PHONE: _____

E-MAIL: _____

HOBBIES/COMMUNITY INVOLVEMENT: _____

WHAT IS YOUR GOAL AS AN AMBASSADOR? _____

TYPE OF BUSINESS YOU WOULD PREFER TO BE "BUDDIED" WITH:
(For instance: Real Estate, Banking, Medical or no preference)

SIGNATURE

DATE

Please return a copy of this application to:
Wake Forest Chamber of Commerce
350 S. White St.
Wake Forest, NC 27587
FAX: 556.8570