**Chamber Ambassador Application**

Please complete the form below and return to Huron Chamber & Visitors Bureau 1725 Dakota Ave S. Huron, SD 57350. Or email: [membershipservices@huronsd.com](mailto:membershipservices@huronsd.com)

Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title/Role: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Interest & Motivation

1. Why are you interested in becoming a Chamber Ambassador?  
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2. What do you hope to gain from serving in this role?  
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## Experience & Involvement

3. Have you served on other Chamber committees or community organizations? If yes, which ones?  
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## Commitment

4. Ambassadors are expected to attend ribbon cuttings, mixers, and monthly meetings. Are you able to commit to this level of involvement? If not able, will notify membership director.  
☐ Yes ☐ No

-Mixers (2nd Tuesday of the month)

-Monthly Meeting (2nd Wednesday of the month)

-Ribbon cuttings (scheduled throughout the week)

5. Are you comfortable referring new businesses to the Chamber and reaching out to current Chamber members?  
☐ Yes ☐ No

6. I will make it a priority to connect with both Chamber and non-Chamber members with a goal of at least two visits each month.

☐ Yes ☐ No

7. My Employer understands my obligations as an Ambassador and that I represent my workplace as well as the Huron Chamber & Visitors Bureau.

☐ Yes ☐ No

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## Other

8. Do you have any ideas or suggestions for how the Ambassador Committee can improve or expand its role?  
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9. Is there anything else you would like us to know about you? It can be something fun too!  
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## Signature & Date

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_