

POLSON CHAMBER OF COMMERCE
Junior Ambassador Membership Application

Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Telephone Number: _____
E Mail Address: _____
Name of Parent or Legal Guardian: _____

What types of volunteer activities have you been involved with?

What interests or skills do you possess that would be a benefit to the Junior Ambassador Program?

Why would you like to be a part of the Junior Ambassador Program?

Which Junior Ambassador activities are you most interested in?

Applicant's Signature: _____ Date: _____

Parent or Legal Guardian's Signature: _____ Date: _____

"FOR OFFICE USE ONLY"
Ambassador Committee Approval Recommended: YES _____ NO _____
Chamber Board Action: Approved _____ Not Approved _____