	AMBASSADORS	APPLICATION AMBASSADORS & EMISSARIES 2025 EDITION		
	AMBASSADOR: \$199 (full year) NEW RENEWING	EMISSARY (by invitation only) NEW RENEWING		
Required information to be considered:				
Company Name				
Name		_ Title		
Address				
Company Phone	#	_ Cell Phone #		
Email Address _				
Company Websi	te			
Checking this box gives the Chamber permission to text you.				
ambass	Are you interested in participating in a SADOR TEAM LEADER	INY of the following? (check all that apply)	GRAM	

Commitment Agreement:

I understand the mission and purpose of the Volunteer Program and agree to devote the time necessary to accomplish the goals/ activities of the program. I understand my responsibilities to the program as well as the fee payment requirement or invitation as outlined in the Ambassador/Emissary Handbook. I further understand that if my schedule does not allow me to fully support the program, I will inform the Chamber. I accept that my photo may be used in promotional information and on the website. I have the permission of my employer to participate in the program. I understand that the program fee is non-refundable. The Chamber reserves the right to change program activities and/or remove any Chamber volunteer from any volunteer program at any time.

I accept that this agreement may be terminated by the Chamber or the member, and that the cancellation is subject to a 6% processing fee for credit card payments (if applicable) plus an amount calculated by the total number of months of participation in the program prior to cancellation.

Sianature	Date



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