

Ambassador Committee Application

Thank You for your interest in applying for membership with the Mason City Chamber Ambassadors. Please fill out the following information:

CONTACT INFORMATION

NAME: _____

BUSINESS: _____ TITLE: _____

ADDRESS: _____

EMAIL: _____ PHONE: _____

REQUIRED INFORMATION

Type of Business: _____

(e.g., retail, banking, insurance, non-profit)

Number of years in Mason City: _____

Number of years with current employer: _____

Have you served on other Chamber committees?

Yes

No

If so, what committee? _____

Why do you want to be an Ambassador? _____

List areas of Community Involvement: _____

Signature _____

Date _____

Referred by: _____

Please return your completed application to Membership Director Jeremiah Frein by fax (641.423.5725), email (jeremiah@masoncityia.com) or mail (9 N Federal Ave). All applications will be considered for 6 months after submission. If application expires, candidates are invited to reapply (no limit on number of resubmissions). Please call Jeremiah at 641.423.5724 with questions.

