

2023 - 2024 Ambassador Program
Application and Commitment Agreement

Name: _____

Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____

Cell Phone: _____

Email: _____

1. Please tell us how you believe you can contribute to the Ambassador Program:

2. Please tell us what you hope to gain from the Ambassador Program:

I understand my expectations are to:

- Serve as an Ambassador for a term from August to June.
- Provide a minimum of five hours of service per quarter. Report service hours to the spreadsheet.
- Attend the Ambassador Orientation Program scheduled in August.
- Attend monthly Ambassador meetings.
- Attend AM Buzz, Business After Hours, Ribbon Cuttings and SAGA events.
- Distribute SAGA materials, conduct member surveys and visits, recruit new members, etc.

I acknowledge the following:

- ☐ I have the permission of my employer to participate in the Ambassador program.
- ☐ I understand my photo may be used in promotional information and the Sanford Area Growth Alliance website.
- ☐ I affirm that I or my organization has been an active, good standing Chamber member for a minimum of one year.

I agree and understand the commitment and expectations if chosen to serve as an Ambassador.

Signature: _____ Date: _____

Submit application to sgomez@growsanfordnc.com