BLAIR COUNTY CHAMBER OF COMMERCE
FIRST FRONTIER - BLAIR COUNTY, PA

# Ambassador Application

Name: _____

Employer: _____

Employer Address: _____

Job Title/Position: _____

Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Please list any community organizations in which you are, or have been, actively involved:

1. _____ Dates: _____
2. _____ Dates: _____
3. _____ Dates: _____

Is your business/employer a member of the Blair County Chamber of Commerce? _____

What are your reasons for wanting to participate as a Chamber Ambassador?

_____

_____

What do you feel you can contribute to the Chamber Ambassadors?

_____

_____

Signature: _____ Date: _____

**If applicable, please provide the name and signature of your supervisor to indicate support of your nomination as an ambassador.**

Supervisor's name: _____

Supervisor's signature: _____

**Blair County Chamber of Commerce ◆ 3900 Industrial Park Drive Altoona PA 16602**
**Phone: (814) 943-8151 Fax: (814) 943-5239 Email: chamber@blairchamber.com**