



960 Main Street, Ramona, CA 92065
Ph: (760) 789-1311, Fax: (760) 789-1317
info@ramonachamber.com, www.ramonachamber.com

Chamber of Commerce Ambassador Prospective Membership Information Form

Date: _____
Invited By: _____
Your Name: _____
Title: _____
Business Name: _____
Business Address: _____
City: _____ State: _____ Zip Code: _____
Business Phone: _____ Business Fax: _____
Cell Phone: _____
Business/Personal Email: _____
Home Address: (optional) _____
City: (optional) _____ State: _____ Zip Code: _____
Home Phone: (optional) _____
Date of Membership in Ramona Chamber of Commerce: _____

AREAS OF SERVICE INTEREST: PLEASE CHECK ONE OR MORE

Mixer Set-up _____ Mixer Tear-down _____ Entrance ticket sales/Chamber booth _____
Verification of entrance hand stamp _____ Donation Ticket Sales _____ Equipment set-
up and return _____ New mentor introductions/mingle _____ New Member Table _____
Microphone MC Work _____ Other community events _____

*Please submit your Ambassador application to the Chamber office and request
Ambassador rules and regulations for Ambassador duties.

*Please refer to Ambassador rules and regulations ARTICLE VIII Section 6
regarding: If you cannot attend a function that you have signed up for,
you must replace yourself, etc.