



Membership Application

All Ambassadors must be part of a Chamber business or organization in good standing.

Name:

Email:

Home Address:

Cell Phone:

Business Phone:

Business/Employer:

Current Job Title:

If you are not the owner or general manager of your company, do you possess decision making authority to represent your organization? Yes No

If Yes, Please provide the signature of the general manager/owner, attesting to their confidence in your ability, and their support allowing you to represent the business as a Hutchinson Ambassador.

Authorized Signature

Cell Phone

Date

Please provide a brief description of yourself including education, hobbies, interests, hometown, family, etc.

List of clubs, civic, church, and/or chamber activities in which you have participated including offices held.

I am interested in joining the Ambassadors because:

What every Chamber Committee needs to know:

Vision Statement: Leading Advocate and Resource for Chamber Members and the Hutchinson Community.

Mission Statement: Engage, Support and Promote Hutchinson Area Businesses and the Community.

Conflict of Interest- Should a conflict of interest arise, either real or perceived, please bring it to the attention of the chairman.

Antitrust Avoidance Statement- No discussions shall be held that may infer or lead to antitrust violations.

Confidentiality- Information shared at meetings, and with committee members should be kept appropriately confidential.



Membership Agreement

As a member of the Hutchinson Ambassadors, I agree to do the following:

1. Make a commitment to serve a term of four (4) years with the right to continue membership by adhering to the by-laws of the organization.
2. A goal of 75% participation in business meetings (held the 2nd Thursday of the month at 7:30am), Business After Hours, and Ambassador Events and Social Functions throughout the year.
3. Work at least one shift at Ambassador Fund Raisers (Taste of Hutchinson and Taste of the Holidays).
4. Accept the responsibility for committee assignments.
5. Make myself available for greater responsibility in the programs and structure of the Hutchinson Area Chamber of Commerce.
6. Wear the official Ambassador uniform to all Ambassador functions.
Current pricing for shirts is available from the Ambassador Vice President / Membership Chair.

Signature _____ Date _____

1. Should a conflict of interest arise, I will voluntarily recuse myself from the situation.
2. Items discussed at meetings and any ambassador gathering with members and non-members will remain confidential.

Signature _____ Date _____