



AMBASSADOR APPLICATION

Contact Information

Full Name:	
Company:	
Job Title:	
Cell Phone:	
Work Phone:	
Email Address:	

Why are you interested in participating as an Ambassador?

Briefly share what you are looking to get out of your experience as an Ambassador

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Agreement and Signature

By my signature, I acknowledge that I have read, understand, and agree to the standards and duties outlined in the Ambassador Program Handbook.

Full Name (printed):	
Signature:	
Date:	

Committee Interest

I am interested in being part of the Membership Engagement Committee. Yes No

Do you want to refer someone to join you as an Ambassador?

Full Name (printed):	
Email & Phone Number:	

Upon completion, please scan and email application to Chris@OneAcadiana.org