

Chamber Connectors Application



Name: _____

Business: _____

Position: _____

Business Address: _____

Office Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Previous/Current Chamber and Community Involvement: _____

Please list three traits, qualities, or experiences that you will bring to the Chamber Connectors _____

Why do you want to be a Chamber Connector? _____

There will be a 90-day preliminary period once added to the group to ensure the Connectors is a good fit for each individual joining. Do you see the time commitments fitting into your schedule? _____

I will commit to fulfilling the responsibilities required as a member of Chamber Connectors to the best of my abilities. I will be a positive voice for the Chamber and promote participation in Chamber programs and events.

Applicant Signature: _____ **Date:** _____

The applicant has our full support to participate as a member of Chamber Connectors. We fully understand the time commitment of 3-4 hours per month and recommend them for the position.

Employer Signature: _____ **Date:** _____



Please return to Nichole at the Hastings Area Chamber of Commerce:
301 South Burlington Hastings, NE 68901

nfelber@hastings-ne.com