Chamber Connectors Application



Name:	
Business:	
Position:	
Business Address:	
Office Phone Number:	Cell Phone Number:
E-Mail Address:	
Previous/Current Chamber and Comm	unity Involvement:
Please list three traits, qualities, or ex	xperiences you will bring to Chamber Connectors.
Why do you want to be a Chamber Cor	nnector?
There will be a 90-day preliminary pereach individual joining. Do you see the	riod once added to the group to ensure the Connectors is a good fit for e time commitments fitting into your schedule?
my abilities. I will be a positive voice programs and events.	ibilities required as a member of Chamber Connectors to the best of for the Chamber and will promote participation in Chamber
understand the time commitment of	participate as a member of Chamber Connectors. We fully 3-4 hours per month and recommend them for the position.
Employer Signature:	Date:

