

Why do you want to be a Hermantown Chamber Ambassador?
What do you hope to gain from this experience?
What do you feel you can contribute to the Chamber and its Ambassador Program?
Rank your interests/priorities 1-3 <ul style="list-style-type: none"><input type="checkbox"/> Networking<input type="checkbox"/> Membership Retention<input type="checkbox"/> Identifying New Membership

By submitting this application, I affirm that the facts set forth are true and complete. I also affirm that I am willing and able to make the time commitment required.

Name:

Signature:

Date:

Thank you for completing the form and for your interest in the Ambassador Program with the Hermantown Area Chamber of Commerce. Please email the form to info@HermantownChamber.com