

Ambassador Member Application

The Ambassador Council welcomes your interest in serving on our Board of Directors. Please complete and sign this request for consideration by the Membership Committee. Please return to:

Ambassador Council Greater Lehigh Valley Chamber of Commerce Attn: Gina Martens, SVP, Member Relations & Sales 73 W. Broad St, Suite 240, Bethlehem PA, 18018 GinaM@lehighvalleychamber.org

Name:Company Name:		Title: Cell Phone:	
Citv:			
State: ZIP:		City of residence:	
Have you been a Chamber member for No	or the past 12 co	onsecutive	months?
During the past twelve months, what participated in?	t Chamber or C	Council pro	ograms and events have you
	Council Event Attendee Major Event Attendee		
Signature Networking Event Attendee	Grand	d Opening/Ri	bbon Cutting Attendee
Regional Chamber Board Member	Council Board Member		
Foundation Board Member	Cham	nber Event Sp	oonsor
Why are you interested in becoming a	a member of the	e Ambassa	dor Council?
Please list any other community or I positions you held in each.			
If you were recommended by Chamname(s) here:	nber staff or a	current A	mbassador, please list their
I have read the Bylaws and Policy State nominated and elected to the GLVCC Ar			irements of this position, if I am
Signature	Date		