

## AMBASSADOR PROGRAM APPLICATION

Please complete and return to The Chamber of Commerce of West Alabama or [lowanda@westalabamachamber.com](mailto:lowanda@westalabamachamber.com)  
Type or print legibly. If possible, please include a letter of recommendation from your employer. ***In order to be considered for selection, applications must be received with enrollment fee (\$225.00) by November 30, 2023.***

### GENERAL

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Fax Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Where should mail and e-mail communications be sent?  Home  Office

Your exact **job title** and name of employer (as you want it published):

\_\_\_\_\_  
\_\_\_\_\_

Name as it should appear on nametag: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Number of years lived in the Tuscaloosa County area: \_\_\_\_\_

Brief job description: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe your explanation of the Ambassador Program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ORGANIZATIONS AND ACTIVITIES**

List community, professional, civic, religious and other organizations you are or have been affiliated with and offices held. Please limit the list to the 10 most important to you.

<u>Organization</u>	<u>Dates</u>	<u>Offices Held &amp; Achievements</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What do you hope to gain from your involvement in The Chamber’s Ambassador Program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have the full support of your employer for the time required to participate effectively as a Chamber Ambassador? \_\_\_\_ Yes \_\_\_\_ No

Will you be able to attend the majority of the monthly Ambassador meetings? \_\_ Yes \_\_ No

Notes or Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Phone \_\_\_\_\_ Supervisor Name \_\_\_\_\_



## Credit Card Payment Authorization

Sign and complete this form to authorize the Chamber of Commerce of West Alabama to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

I \_\_\_\_\_ authorize \_\_\_\_\_ to charge my  
(Cardholder's Full Name) (Merchant's Name)

credit card account indicated below for (Amount \$225 (Date)\_\_\_\_\_

This payment is for: 2024 Ambassador Application  
(Description of Goods/Services)

### Billing Information

Billing Address \_\_\_\_\_ Phone # \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

### Card Details

Visa  MasterCard  Discover  American Express

Cardholder Name \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip Code \_\_\_\_\_

I authorize the Chamber of Commerce of West Alabama to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE \_\_\_\_\_  
(cardholder)

DATE \_\_\_\_\_

Please submit to ([lowanda@westalabamachamber.com](mailto:lowanda@westalabamachamber.com)) or (2222 9<sup>th</sup> Street, Tuscaloosa, AL 35401)

