



## Ambassador Profile

*(Please Type or Print)*

Name \_\_\_\_\_

Referred by \_\_\_\_\_

Date of Birth (month/day) \_\_\_\_\_

Firm or Organization \_\_\_\_\_

Title \_\_\_\_\_

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

Business Phone \_\_\_\_\_ Business Fax \_\_\_\_\_

Cell Phone (Optional) \_\_\_\_\_

Email Address \_\_\_\_\_

Home Address (Optional) \_\_\_\_\_

\_\_\_\_\_

Home Phone (Optional) \_\_\_\_\_

**Community Involvement** *(ie., Organizations, Honors, Awards, ect.)*

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**Special Interests/ Hobbies**

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**Tell us briefly why you want to be an Ambassador**

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Thank you for your interest in being part of the Laurentian Chamber of Commerce's Ambassador Committee.

Please return your completed application to the Laurentian Chamber office.

Email: [admin@laurentianchamber.org](mailto:admin@laurentianchamber.org).

Fax: 218-749-4913

Mail: 704 Sixth Avenue North, Suite B, Virginia, MN 55792

Your application will be reviewed by and voted on by our Ambassador Committee.