AMBASSADOR APPLICATION

Name: _____

Company Name: _____

Title: _____

Phone: _____ **Fax:** _____

E-mail: _____

What do you hope to gain from being an Ambassador for Tonganoxie's Chamber of Commerce?

_____

_____

_____

What Clubs or Civic organizations are you currently a member?

_____

_____

What positions of Leadership have you held in the past?

_____

_____

_____

Please return to:

Ambassadors
Tonganoxie Chamber of Commerce
PO Box 838
Tonganoxie, KS 66608
Or fax to: 913-845-9244