



Missaukee Area CHAMBER OF COMMERCE

Name:

Mailing Address:

Work Phone:

Cell Phone:

E-mail:

Do you live, work, or worship in Missaukee County?

I Would Like to Help With:

_____ Business After-5 (approximately four times a year)

_____ Greatest Fourth In The North (selling Chamber items, assisting with events, etc.)

_____ Farmers' Market

_____ Car Cruise/Car Show

_____ Festival of the Pines (selling Chamber items, assisting with events, etc.)

_____ Ribbon Cuttings for new business

_____ Winterfest (selling Chamber items, assisting with events, etc.)

_____ McBain Days

_____ Music on the Mountain

_____ Light Up Lake City

_____ Other (please explain)



Missaukee Area
CHAMBER OF COMMERCE

By my signature, I acknowledge that I have read, understand, and agree to the policies and procedures of the Missaukee Area Chamber of Commerce Ambassador Handbook and Mission statement.

Ambassador Signature

Date

Director Signature

Date