



Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**Phone numbers**

Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Home: \_\_\_\_\_

Email: \_\_\_\_\_ Birthday: \_\_\_\_\_

**Getting to know you**

Why do you want to be an ambassador:

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Hobbies:

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Clubs/Organizations:

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**Requirements:**

- **Purchase blazer, Polo and name tag**
- **Attend 50% of Ambassador events**
- **Believe and support the mission of the Chamber**
- **Pay membership yearly dues \$50**

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Signature

I agree to accept the responsibility of being an ambassador by committing the time and effort necessary to the Midland Hispanic Chamber of Commerce.

[membership@midlandhcc.com](mailto:membership@midlandhcc.com)

If paying by check please mail to:  
208 Marienfeld St. #100,  
Midland, TX 79701