

## Chamber Liaison Application – Moody Area Chamber of Commerce

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

What type of Chamber Liaison are you applying for?

\_\_\_\_\_ Individual      \_\_\_\_\_ Business/Corporate      \_\_\_\_\_ Student

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

Business Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

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

Which Chamber Liaison Category are you interested in?

\_\_\_\_\_ Active (attends most events, meetings, ribbon cuttings, etc.)

\_\_\_\_\_ Task (may not be able to attend most meetings, but can work specific events or assignments)

Please circle areas of interests or skills:

Administrative	Public Relations/Marketing	Membership
Monthly Luncheon	Business After Hours	Breakfast Events
Ribbon Cuttings	Golf Tournament	Oktoberfest
Special Events	Sponsorships/Campaigns	Tourism/Festivals
Liaison Leadership	Chamber Leadership	Small Business Support
Legislative	Community Affairs	Christmas Parade
High School Ambassador Program		

Chamber Liaison Availability \_\_\_\_\_

What is your current position with your company? \_\_\_\_\_

Current and previous volunteer positions and organizations:

\_\_\_\_\_

\_\_\_\_\_

Office skills, business equipment you can operate, etc.

\_\_\_\_\_

\_\_\_\_\_

Special talents, hobbies, etc.

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\_\_\_\_\_

Why do you want to be a Chamber Liaison?

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What do you hope to gain or achieve by being a Chamber Liaison?

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What do you hope to contribute to the Chamber and its' members?

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How did you hear about the Chamber and Chamber Liaison Program?

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Do you have any scheduling conflicts that would prevent you from attending a monthly Chamber Liaison Team lunch meeting?      YES      NO

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We distribute agenda and other information to each Chamber Liaison via email. If you do not have email, please work out another method of regular communication with the Chamber office and Chamber Liaison Chairperson.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for your interest in this Chamber Program. Please submit your completed application to MACC, 670 Park Avenue, Moody, Alabama 35004. Your application will be reviewed by the Board of Directors and you should receive communication regarding your participation in this program within 30 days.

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For Chamber Use Only:

Application Approved by \_\_\_\_\_ Date \_\_\_\_\_

Comments: