

2017 Chamber Connector Application



Name: _____

Business: _____

Position: _____

Business Address: _____

Office Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____

Previous/Current Chamber and Community Involvement: _____

Please list three traits, qualities or experiences that you will bring to Chamber Connection.

What is your expectation as a member of Chamber Connection? _____

Connectors receive participation points for attending the following: Ribbon Cuttings on Friday mornings (10 a.m. and 10:30 a.m.), meetings the third Thursday of each month at noon, Business After Hours the fourth Thursday, Connection Point Visits once a month, Decal Blitz at beginning of the year. There will be a 90 day preliminary period once added to the group to insure the Connectors is a good fit for each individual joining. Do you see these time commitments fitting into your schedule?

I will commit to fulfill the responsibilities required as a member of Chamber Connection to the best of my abilities. I will be a positive voice for the Chamber and will promote participation in Chamber programs and events.

Applicant Signature: _____ **Date:** _____

The applicant has our full support to participate as a member of Chamber Connection. We fully understand the time commitment of 3-4 hours per month and recommend them for the position.

Employer Signature: _____ **Date:** _____

Please return to Freida Jemison, Grand Island Area
Chamber of Commerce Mail: P.O. Box 1486, Grand Island, NE 68802-1486
Fax: 308-382-1154 or Email: partnershipservices@gichamber.com

